

# Heritage Lifecare (BPA) Limited - Flaxmore Care Home

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## 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 (BPA) Limited

**Premises audited:** Flaxmore Care Home

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

**Dates of audit:** Start date: 29 January 2025      End date: 30 January 2025

**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:** 41

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

Indicator	Description	Definition
	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

Flaxmore Lifecare (Flaxmore) is owned and operated by Heritage Lifecare Limited and provides rest home and dementia care for up to 48 residents. The service is managed by an established care home manager. The clinical services manager (CSM) position is vacant; the service is supported by the Heritage Lifecare Limited regional health care advisor, who is based at Flaxmore, until a new CSM is recruited. Since the last audit, the facility has extended the rest home by eight beds and reduced the number of beds available for dementia level care to maintain the existing occupancy level of 48. The suitability for this was confirmed in a partial provisional audit in August 2024.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Health New Zealand – Te Whatu Ora Nelson Marlborough. The process included a pre-audit assessment of policies and procedures, a review of residents’ and staff files, observations, and interviews with residents and whānau, a governance representative, management, staff, a contracted physiotherapist, mental health for older persons liaison nurse and a nurse practitioner.

Strengths of the service included the commitment to reducing the incidence of falls. No areas requiring improvement were identified during the audit.

## 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.

Flaxmore Lifecare provided an environment that supported residents' rights and culturally safe care. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. Staff worked collaboratively with internal and external Māori supports to support and encourage a Māori world view of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake, and this was confirmed by Māori residents and staff interviewed.

Systems and processes were in place to enable Pasifika people to be provided with services that recognised their worldviews and were culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these 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 are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved. 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 service is governed by Heritage Lifecare Limited (HLL) and the HLL governing body assumes accountability for delivering a high-quality service at Flaxmore. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident 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 new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

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

The food service met the nutritional needs of the residents, 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 is tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

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

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


The infection control coordinator was 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 was undertaken, with follow-up action taken as required.

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

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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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 restraints at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, 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	27	0	0	0	0	0
Criteria	0	168	0	0	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>Heritage Lifecare Limited (HLL) and Flaxmore Lifecare have a Māori Health Plan which guided care delivery for Māori using the Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and is used for residents who identify as Māori.</p> <p>Input from Māori is supported through the HLL Māori Network Komiti, a group of Māori employees including representatives from Flaxmore. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses and other care workers. The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Health New Zealand – Te Whatu Ora Nelson Marlborough, through local Māori health providers such as Te Piki Oranga and through its local iwi.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p>

		<p>The staff recruitment and selection policy reviewed December 2024 is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. Staff who identify as Māori are employed at all levels of the organisation, including in leadership and training roles.</p> <p>Training on Te Tiriti o Waitangi is part of the HLL training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Māori and tāngata whaikaha, including mana motuhake, and providing equity in care services.</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>Heritage Lifecare Limited (HLL) and Flaxmore Lifecare understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>A Pacific Health Plan is in place which utilises the Fonofale model of care documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers. Flaxmore has access to local Pasifika communities through the connections with the Samoan church.</p> <p>The staff recruitment policy, reviewed December 2024, is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were no staff or residents who identified as Pasifika in the service at the time of audit. Training on culturally specific care, including care for Pasifika, is</p>

		part of the HLL training programme, and this is implemented in the service. The training is geared to assist staff to understand the key elements of service provision for Pasifika and providing equity in care services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Heritage Lifecare Ltd (HLL) and Flaxmore Lifecare were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedure in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake), and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>A copy of the Code of Health and Disability Services Consumer Rights including Advocacy was provided in the HLL inquiry pack and the Code was sighted on the reception room wall.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that 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.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through easy access to tikanga guidelines and multiple activities that support te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Flaxmore has contacted the local iwi who have a representative that will provide support and advice to Māori residents</p>

		<p>as and when required. A Māori Health Advisor is readily available through Health New Zealand Nelson Marlborough.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau and Enduring Power of Attorney (EPOA) interviews, or in documentation reviewed.</p> <p>Residents’ property is labelled on admission, and residents interviewed reported that their property was respected; a resident, whānau and EPOA reported residents’ finances are protected, and staff do not handle residents’ money.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon.</p> <p>Care provision was holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified strengths of residents. Wellbeing outcomes for all residents, including Māori, were evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents were met.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear 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, they had opportunities to discuss their needs and felt listened to. Information was provided in an easy-to-understand format, and staff described steps taken to ensure good communication for residents with communication difficulties. A resident was seen using communication aids on the day of the audit.</p> <p>Changes to residents’ health status were communicated to relatives/whānau in a timely manner. The nurse practitioner and two other visiting health professionals interviewed stated communication from staff was appropriate, timely and included all relevant information.</p>

		<p>Where other agencies were involved in care, communication had occurred. Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access formal interpreter services, if required. Staff represented a range of ethnic groups and were multilingual.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. With the consent of the resident, whānau were included in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents in the process. Tikanga guidelines were available to support staff when working with Māori residents and whānau. These were known to staff.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. All dementia care residents had an enacted EPOA on file and evidence of legal guardianship was sighted where required.</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>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code.</p> <p>Complaints were managed by the care home manager with support from the regional manager as required. The care home manager advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or te reo Māori as applicable. Complaints forms were available in English and te reo Māori. Residents and whānau interviewed reported they understood their right to make a complaint and knew how to do so.</p> <p>There have been five formal complaints in the last year, all of which are now closed. There have been no complaints from external sources,</p>

		including the Health and Disability Commission, since the last audit.
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Heritage Lifecare Limited (HLL) governing body assumes accountability for delivering a high-quality service at Flaxmore through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity and cultural safety provided by Manatū Hauora.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). HLL also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted. Ethnicity data is collected to support equitable service delivery.</p> <p>HLL has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of the organisation's care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Flaxmore had its own business plan for its particular services; this is updated and reported quarterly to governance. Internal data collection (e.g., adverse events, infections, audits and complaints) is aggregated, and corrective action occurs at facility and organisation level as applicable. Feedback</p>

		<p>is to the clinical governance group and to the board.</p> <p>Changes are made to business and/or the strategic plans as required. The regional manager interviewed felt well informed on progress and risks. This was confirmed in a sample of reports to the HLL governance body.</p> <p>Position descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. HLL uses an interview panel for senior managers. The care home manager (CHM) was suitably qualified and experienced; they confirmed knowledge of the sector, regulatory and reporting requirements and discussed how they maintain currency within the field through ongoing professional development.</p> <p>Residents receiving services, and their whānau, participate in planning and evaluation of services through resident meetings and satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Flaxmore Lifecare holds contracts with Health New Zealand Nelson Marlborough to provide age-related residential care (ARRC) and respite care at rest home level and rest home dementia care.</p> <p>At the time of audit, 41 of the 48 beds were occupied; 13 residents were receiving long-term rest home care, and 28 residents were receiving dementia level care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	<p>FA</p>	<p>Flaxmore Lifecare follows the Heritage Lifecare planned quality and risk system which reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated. Quality data was communicated and</p>

<p>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>discussed, and this was confirmed by staff at interview. Trends were graphed and benchmarking against other HLL facilities occurs. Results were displayed on notice boards in public and staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The care home manager understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education/training in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Residents, whānau and staff contribute to quality improvement through meetings and staff attendance at education, completion of surveys, and reporting issues of concern. Resident meeting minutes, including for resident meetings with an independent advocate, were reviewed; these evidenced residents were happy with the services provided. The last resident and whānau surveys were completed in May 2024. Residents interviewed reported high levels of satisfaction, particularly in relation to communication. A staff survey was completed in late 2024. Results of the surveys have been communicated to staff, residents and whānau and areas for improvement have been identified and acted upon. Relevant quality improvement plans have been developed and implemented to address any areas for improvement identified. Quality improvement initiatives reviewed included activities to reduce the incidence of resident falls. Progress against quality outcomes was evaluated.</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>A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. A sample of meeting minutes evidenced comprehensive reporting.</p>
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		<p>The care home manager understood the requirements for essential notification reporting; there have been no clinical incidents requiring a Section 31 notification since the last audit.</p> <p>There have not been any police investigations or coroner's inquests.</p>
<p><b>Subsection 2.3: Service management</b></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 service is managed by a care home manager who has experience in health management and has worked at this facility since the last audit. The care home manager is supported by the Heritage Lifecare Limited (HLL) regional health care advisor, who is based at Flaxmore, and a team of experienced registered nurses. There is a registered nurse on duty seven days per week and available after hours 24/7 by telephone. At least one staff member on duty has a current first aid certificate.</p> <p>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. The regional manager discussed plans to increase staffing as occupancy increases, and documentation sighted confirmed that steps had been taken to appoint a clinical services manager.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned on a biannual basis, including 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. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Health New Zealand Nelson Marlborough. Records reviewed demonstrated completion of the required training and competency assessments. All care staff rostered to work in the</p>

		<p>dementia care area are supported to complete specific education in dementia care; 10 caregivers have completed the required dementia-related education and a further nine are enrolled. Records reviewed demonstrated completion of the required training (or enrolment) and competency assessments.</p> <p>High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p> <p>High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Staff well-being policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p>
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of ten staff records were reviewed (the care home manager, two registered nurses, three caregivers, the cook, two activity coordinators and the maintenance worker) and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance was reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p>

		<p>Qualifications were validated prior to employment. A register of annual practicing certificates (APCs) was maintained for registered nurses and associated health contractors (four general practitioners (GP), two nurse practitioners, a podiatrist, four pharmacists, a physiotherapist, and a dietitian).</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information was secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support was available to them.</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>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Flaxmore 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. Where we are unable to meet these needs, adequate</p>	FA	<p>Residents enter the service based on documented entry criteria available to the community and understood by staff. Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents were welcomed into the service when assessment by the local NASC confirmed they required the level of care offered at Flaxmore.</p> <p>Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on</p>

<p>information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>admission.</p> <p>Enquiries were documented and, where a prospective resident was declined entry, there are processes for communicating the decision, although this rarely occurs. Related data was documented and analysis of the entry and decline rates, including for Māori, was occurring.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service. A new position at Health New Zealand Older Persons Mental Health has been established to liaise with aged care providers. There were currently no residents who had requested the services of a Māori healer.</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 teamwork 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 prevention or escalation for appropriate interventions, were recorded.</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 met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling seven resident 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 whānau. Residents and whānau confirmed active involvement in the</p>

		<p>process.</p> <p>Tāngata whaikaha participate in service development through assessments including “about me”, “pastoral care” and “life history”. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau could independently access information.</p> <p>Interview with two visiting health professionals and the nurse practitioner confirmed that the quality of care was consistent and met the residents’ needs. Communication was regular, with all health professionals visiting Flaxmore weekly and as required.</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 supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities coordinator was new to the position and excited about future development of the programme. They were well supported by Flaxmore in orientation to the position.</p> <p>Activity assessments “about me”, “pastoral care”, “life history” and activity 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. A monthly calendar of activities was developed and shared with staff and residents. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori. Progress notes were completed monthly for each resident and activities data was maintained daily.</p> <p>Feedback on the programme was provided through resident meetings and surveys. Those interviewed confirmed they found the programme met their needs. Residents were seen to be enjoying the various activities on offer.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system)</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>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 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 were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>There are currently no residents self-administering medication. This would be managed safely if required. Residents, including Māori residents and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian contracted by HLL within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration. This was approved by Nelson City Council on 22 May 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori. An interview with the cook confirmed that a range of functions were catered for, including Matariki and other cultural events such as</p>

		<p>birthdays and religious occasions. Food/fluid/snacks were available 24/7 within the dementia unit.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and observation of the food service for those requiring assistance supported that the service was provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and safely 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 are discussed, where appropriate. Whānau interviewed reported being kept well informed during the transfer of their relative. The yellow envelope system was used to guide staff to ensure vital information accompanies the resident during the transfer.</p> <p>Evidence of actions taken to transfer residents to more appropriate facilities when their needs change, such as hospital level care, was sighted.</p>
<p>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 were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>The building had a current building warrant of fitness with an expiry date of 5 July 2025. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors and Flaxmore management were aware of the requirement to consult with</p>

		<p>Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using this. Spaces are culturally inclusive and suited the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Each of the two dementia units has a dining area and lounge for resident use.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells, and these were confirmed to be in working order.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment if required. Rooms were personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>There are external areas within the facility for leisure activities with appropriate seating and shade. The gardens were very well maintained, and each dementia unit has its own space which residents were observed to be using.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy and maintenance. 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</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>Zealand (FENZ) and fire evacuation drills are held six-monthly.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources were available, should the main supplies fail.</p> <p>All registered nurses and some other staff have current first aid certification. There is a first aid certified staff member on duty 24/7 and any staff member who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</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>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and were being reviewed and reported on yearly. Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required.</p> <p>Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. Staff can access IP and AMS expertise through Health New Zealand Nelson Marlborough and through Heritage Lifecare Limited, which has appointed the regional health care advisor (HRA) with responsibility for IP and AMS. IP and AMS information was discussed at facility level, at clinical governance</p>

		meetings, and was reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection and prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme and has been approved by the Heritage Lifecare Limited governing body. Annual review of the programme, with reporting to governance, has occurred.</p> <p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the RHA for HLL. 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 RHA and HLL national IP lead has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies.</p> <p>The infection prevention and control 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 tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain</p>

		good practice. Single-use medical devices were not reused.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials was promoted. The AMS programme was appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement.</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>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff.</p> <p>A COVID-19 outbreak in 2024 was managed according to policy and procedure and was quickly resolved within 21 days. A summary report following the 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) is culturally safe.</p> <p>In a timely manner results of surveillance and recommendations to improve performance where necessary were identified and reported back to HLL governance and shared with relevant people.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>Staff followed 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 had oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>All laundry was processed on site. Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observations of the environment.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The Heritage Lifecare Limited Clinical Advisory Group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation’s regional managers, who has responsibility for ensuring that restraint elimination is achieved.</p> <p>A registered nurse is the restraint coordinator for the facility, and their position description was sighted. Policies and procedures meet the requirements of the standards, and the nurse described the process should any restraint be needed.</p> <p>The registered nurse reports to the Heritage senior leadership each month on the activities taken to ensure a restraint-free environment is maintained. The reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to whānau to explore restraint-free alternatives when restraint is requested for a new admission or due to a change in health status. The regional manager confirmed that the monthly reporting assists the executive management team to closely monitor the move towards a restraint-free environment for the whole HLL group, and specifically at Flaxmore.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation</p>

		<p>techniques.</p> <p>Given there has been no restraint reported to governance since the last audit, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.