

# Heritage Lifecare (GHG) Limited - Hoon Hay

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Heritage Lifecare (GHG) Limited

**Premises audited:** Hoon Hay

**Services audited:** Dementia care; Residential disability services - Psychiatric

**Dates of audit:** Start date: 3 March 2025 End date: 3 March 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:** 76

# 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

Heritage Lifecare Limited (HLL) owns and operates Hoon Hay House and Rest Home (Hoon Hay). The facility provides rest home level dementia care for 60 residents in three secure 20-bed units and residential disability (psychiatric) care for 20 residents in a mental health unit. There have been no changes to the building or service specifications since the last audit. The dementia facility is managed by a care home manager with support from a clinical services manager, both of whom have been appointed since the last audit. The mental health unit has its own manager who has been in place for over five years.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, members of the regional support team, managers, staff and a general practitioner.

Strengths of the service included long-serving staff with a commitment to providing good care. There were no corrective actions requiring improvement from the previous audit. Three areas requiring improvement were identified at this audit. These related to reporting of quality data to governance, risk management and registered nurse staffing.

## 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.

Hoon Hay works collaboratively 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.

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 were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Service providers maintained professional boundaries, and there was no evidence of abuse, neglect, discrimination, or other exploitation. The finances and property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The organisation is governed by Heritage Lifecare Limited. The board of directors work with the managers at Hoon Hay 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 and reducing barriers to improve outcomes for 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 was monitored and reviewed at planned intervals.

A clinical governance structure met the needs of the service, supporting and monitoring good practice. The quality and risk management systems were focused on improving service delivery and care. Residents and whānau provided regular feedback and staff were involved in quality activities. An integrated approach included collection and analysis of quality improvement data, identifying trends that led 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.

Professional qualifications were validated prior to employment. Staff felt well supported throughout the orientation and induction programme, with regular performance reviews implemented. Caregiver staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Residents' information was accurately recorded and securely stored, and 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.		Subsections applicable to this service fully attained.
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Hoon Hay worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, 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.

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed and supported by an approved food control plan.

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.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment was tested as required.

There have been no changes to the building since the last audit.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

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

## Summary of attainment

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

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	16	0	2	0	0	0
Criteria	0	48	0	3	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. 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 (Heritage) and Hoon Hay have developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori Health Plan has been developed to guide care delivery for Māori being supported by the service. The Māori Health Plan incorporates the Whare Tapa Whā model of care, to ensure mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. Māori residents, at the time of audit, felt culturally safe.</p> <p>Input from Māori is supported through the Heritage Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. There were staff at the time of audit who identified as Māori.</p> <p>The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Te Whatu Ora – Health New Zealand Waitaha Canterbury, through local Māori health providers and through its local marae.</p>

		Training on Te Tiriti o Waitangi was part of the training programme. Staff reported, and documentation evidenced, the training.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Heritage Lifecare 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 identified as Pasifika. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p> <p>There were staff who identified as Pasifika at the time of the audit. Staff reported, and documentation evidenced, that cultural training had been provided.</p> <p>A Pacific Health Plan is in place which utilises the Fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services.</p> <p>The plan has been developed with input from cultural advisers. Hoon Hay has established access to local Pasifika communities through a cultural advisor.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Hoon Hay was aware of its responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and has policies and procedures in place to ensure they were 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>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically</p>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff included education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement was included in the</p>

<p>safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>staff employment agreement. Education on abuse and neglect was provided to staff annually. Residents and whānau reported that their property and finances were respected, and professional boundaries were maintained.</p> <p>The nursing team reported that the code of conduct guides staff to ensure the environment is safe and free from institutional or systemic racism. Residents and whānau members stated that they were free from any discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</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>The sampled residents' records evidenced signed admission agreements. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. Resuscitation and care plans were signed by residents who were competent and able to consent, and the general practitioners (GPs) made a medical decision for residents who were unable to provide consent. All residents admitted to the secure units had activated Enduring Powers of Attorney (EPOAs) 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 was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. 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 that they understood their right to make a complaint and knew how to do so.</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>There had been no formal complaints received by the service since the last audit. Minor concerns relating to laundry and food services were documented and followed up appropriately. Two concerns were documented and followed up as complaints in the last 12 months and documentation confirmed these had been managed in accordance with the requirements of the Code, including appropriate investigation and meetings with whānau. There had been no complaints received from external sources since the previous audit.</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>The Heritage governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika and tāngata whaikaha. Heritage has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Heritage also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage 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 was collected to support equitable service delivery. Each facility has its own business plan for its particular services and the business plan for Hoon Hay was sighted; this included annual goals and quarterly reporting on progress to the Heritage senior leadership.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits and</p>

		<p>complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes were made to business and/or the strategic plans as required.</p> <p>Job/role descriptions were in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL, they look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also use feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both were used to improve services.</p> <p>Directors of Heritage have undertaken the e-learning education on Te Tiriti, health equity and cultural safety provided by Manatū Hauora.</p> <p>Hoon Hay holds contracts with Health New Zealand Waitaha to provide rest home level dementia care (including respite) under the age-related residential care agreement (ARRC) for up to 60 residents in three secure dementia units, and long-term residential care – mental health for up to 20 residents in a separate non-secure mental health unit. On the day of audit, there were 56 residents receiving dementia level care, including three respite residents, and 20 residents in the mental health unit, including six receiving treatments under compulsory treatment orders.</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</p>	<p>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data was communicated and</p>

<p>a focus on achieving Māori health equity. 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>discussed, and this was confirmed by staff at interview. Trends were graphed and displayed on notice boards in public and staff areas. However, data related to the mental health unit had not been reported to governance; refer criterion 2.2.2.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. The service ensured staff can deliver high-quality health care for Māori through, for example, training including cultural safety training, cultural assessments and care plans.</p> <p>Heritage had a process for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. However, this had not been followed fully, and risks detailed at facility level had not been reviewed; refer criterion 2.2.4.</p> <p>Residents and staff contributed to quality improvement through the ability to give feedback at meetings and in surveys. Residents and EPOA/whānau had meetings facilitated by an independent advocate, including for residents in the mental health unit. Residents' and EPOA/whānau satisfaction surveys completed annually showed satisfaction with the services provided and residents confirmed this in interviews.</p> <p>Staff documented adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>The care home manager and clinical services manager and the mental health unit facility manager understood and have complied with essential notification reporting requirements. There have been six Section 31 notifications completed since the last audit. These included notification of the change in clinical services manager and care home manager and notifications of clinical incidents, such as pressure injuries and a fall resulting in a fracture. There had been no incidents reported under the new adverse events policy; staff interviewed confirmed they had processes in place to do this should the need arise.</p> <p>The care home manager reported that there have been no police investigations, coroner's inquests, issues-based audits or employment disputes since the previous audit.</p>
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<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>PA Low</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 dementia service is managed by an experienced care home manager who is supported by a clinical manager. The clinical manager is also responsible for services at another nearby Heritage facility and is available 20 hours a week at Hoon Hay. The mental health unit has its own dedicated manager and staff with experience in mental health care.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. 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. A registered nurse is available onsite during weekdays and there is registered nurse cover on-call after hours. Staff reported that good access to advice is available when needed. However, the registered nurse levels did not meet the required numbers identified in the Heritage staffing matrix; refer criterion 2.3.1.</p> <p>Continuing education is planned on a biannual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities. 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 Waitaha. Review of staff records confirmed staff have either completed or commenced the required dementia care training.</p> <p>Residents in the mental health unit contribute to the planning, implementation, monitoring and evaluation of service delivery through resident meetings, including with an independent advocate and through the care planning process. Whānau contribute through surveys and meetings with staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment,</p>

<p>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>selection, orientation and staff training and development. There were job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of seven staff records were reviewed, including two registered nurses, two care givers, one diversional therapist and one key worker and one support worker from the mental health unit. The records evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation.</p> <p>Qualifications were validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors. Review of records confirmed these were current.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</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>A total of six residents' files were reviewed. The local Needs Assessment and Service Coordination (NASC) agency confirmed the levels of care required, and these were sighted in all files reviewed. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care was undertaken by appropriately trained and skilled staff, including the nursing team and care staff. The registered nurses (RNs) completed cultural assessments in consultation with the residents and whānau/Enduring Power of Attorney (EPOA). All interRAI assessments reviewed were current, including all in the interRAI database. Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. Long-term care plans were also developed, and routine six-monthly evaluation processes ensured that assessments reflected the residents' daily care needs. All routine care plan evaluations were completed in a timely manner. Resident, whānau/EPOA, and GP involvement is encouraged in the plan of care.</p>

	<p>Residents assessed as requiring mental health care had relapse prevention plans, mental health goals, and support plan and review (SPAR) in place. Reviews were completed by the community mental health team six-monthly or as required. The service reviewed goals and progress towards them, completed Health of the Nations Outcome Scale (HoNOS) assessments, and reported activity through the Programme for the Integration Health Data (PRIMHD) system.</p> <p>The GPs completed the residents' medical admissions within the required timeframes and conducted medical reviews promptly. Completed medical records were sighted in all files sampled. The GP reported that communication was transparent, medical input was sought in a timely manner, medical orders were followed, and care was resident centred.</p> <p>Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. Residents assessed as requiring dementia level of care had 24-hour activities care plans in place.</p> <p>The nursing team and care staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly, or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve within three weeks. Any change in condition was reported to the registered nurses; this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau were included and informed of all changes.</p> <p>All care plans were developed in a timely manner, with needs and risk assessments identified and changes documented by the registered nurses. There were active wounds on the audit day. Wound assessments and wound care plans were developed, and these were evaluated. Appropriate dressing products were in stock, and the nursing team reported that expert advice is sought from the wound care nurse specialists if required. Staff had undergone wound care management, pressure injury, and pressure care training. Communication with the residents, EPOA/whānau, GPs and staff were open</p>
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		<p>and transparent about their care planning and daily needs. The facility staff can also access support for clinically complex residents from Health New Zealand – Te Whatu Ora, Gerontology Nurse Specialist Team, and Older Persons Mental Health Team.</p> <p>A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs. The EPOA/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Medications were supplied to the facility from a contracted pharmacy. The GPs and mental health specialists completed three-monthly medication reviews. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error, and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Medicine fridge and medication room temperatures were monitored regularly, and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The health care assistant was observed administering medications safely and correctly. The medications were stored safely and securely in the trolley, locked treatment room, and cupboards. No residents self-administered medication in the mental health unit and dementia units on the audit day. A self-medication policy is in place if required, and this was sighted.</p> <p>There were no standing orders in use.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The kitchen service complies with current food safety legislation and

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>guidelines. All food and baking were prepared and cooked onsite. An approved food control plan expires on 2 July 2025.</p> <p>Diets were modified as required, and the kitchen staff confirmed awareness of the residents' dietary needs. Residents are given the option of choosing the menu they want. On admission, a nutrition profile was developed that identified dietary requirements, likes, and dislikes. All alternatives were catered for as required. Snacks and drinks were available, including for residents in the secure units, on a 24-hourly basis.</p> <p>Evidence of residents' satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, and resident meeting minutes.</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 managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. This was verified in the files reviewed. Whānau and EPOA reported being kept well informed during the transfer of their relative.</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</p>	FA	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This includes a current Building Warrant of Fitness, electrical and bio-medical testing, and hot water temperatures.</p> <p>Staff confirmed they knew the processes they should follow if any repairs or maintenance are required. Spaces were culturally inclusive and suited the needs of the resident groups, including in the mental health unit. Residents, staff and whānau were happy with the environment, including heating and ventilation, natural light, privacy, maintenance and outdoor garden areas.</p>

<p>and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Residents in the secure dementia units had access to suitable outdoor areas.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a clearly defined and documented infection prevention and control (IPC) programme implemented that was developed with input from external IPC services. The IPC programme was approved by management and is linked to the quality improvement programme. The IPC programme was reviewed and reported annually. The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practices. The IPC policies reflected the requirements of the infection prevention and control standards and included appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data was collected, monitored, and reviewed monthly. The data, which includes ethnicity data, was collated, and action plans were implemented. The health care-associated infections (HAIs) being monitored included infections of the urinary tract, skin, eyes, respiratory tract, and wounds. Surveillance tools were used to collect infection data, and standardised surveillance definitions are used. All infection data was reported to the governing body.</p> <p>Infection prevention audits were completed, which included cleaning, laundry, personal protective equipment (PPE), donning and doffing of PPE, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data confirmed minimal numbers of infections, compared with the previous month, and the reason for the increase or decrease, and action was</p>

		<p>advised. Any new infections were discussed during shift handovers for the implementation of early interventions. Benchmarking was completed internally.</p> <p>Since the previous audit, there had been infection outbreaks of vomiting and diarrhoea and COVID-19 in June 2024 and November 2024, respectively. These were managed in accordance with the pandemic plan, and appropriate notification was completed.</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 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>The clinical services manager is the restraint coordinator for both the dementia units and the mental health unit. They report to the senior leadership team 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.</p> <p>At the time of audit, there were no residents using restraint, and restraint has not been used at Hoon Hay since the last audit. Seclusion is not used in the mental health unit.</p> <p>Staff reported, and documentation evidenced, that staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>Heritage, as the governing body for Hoon Hay, has an established quality improvement framework in place. This included all required elements to meet the standard. In the dementia units, reported incidents were reviewed at facility level and all data was reported to the Heritage national office where data was graphed, trended and analysed, and collated reports presented to governance. In the mental health unit, incidents were reported, and examples were sighted for behavioural incidents and medication errors. Incidents were graphed and trended over time and basic analysis had occurred at facility level. However, no data from the mental health unit had been reported to governance. As there is an established system in place which can be followed, this is rated low risk.</p>	<p>Quality data from the mental health unit had not been reported to governance.</p>	<p>Ensure that data from the mental health unit is reported to the Heritage governing body.</p> <p>180 days</p>
Criterion 2.2.4	PA Low	Heritage had a process for the identification,	The risk register for	Ensure that risks are

<p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>		<p>documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. An organisation-level risk management plan was sighted which showed risks identified, detailed mitigation strategies and had been reviewed. The plan did not include risk specific to Hoon Hay. A facility-level risk register was held electronically; this detailed the severity of the risks and mitigation strategies. However, the register had not been reviewed in the last 12 months and the information held was no longer up to date, this included two risks recorded as high risk.</p>	<p>Hoon Hay had not been reviewed in the last 12 months and was not up to date.</p>	<p>reviewed at a frequency appropriate to their severity and that this is recorded and the risk register updated.</p> <p>180 days</p>
<p>Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA Low</p>	<p>Heritage has a documented process for determining staffing levels based on the occupancy of a facility and the acuity of residents. At Hoon Hay, the caregiver numbers are in line with the Heritage staffing formula. There is a clinical services manager, who is a registered nurse, responsible for the dementia units. They are onsite approximately 20 hours per week; hours onsite vary as they are responsible for another Heritage site nearby. There are two registered nurses who work Monday to Friday during the day across the three secure dementia units. This equates to 16 hours per day of registered nurse hours, which is 12 hours per day less than the number identified by the Heritage staffing formula as being required for the current number of dementia care residents. There is also a registered nurse who works in the mental health unit eight hours per month; when they are not present the nurse from the dementia unit is called upon for advice.</p> <p>The regional business manager, who has recently taken responsibility for Hoon Hay, was interviewed and described plans agreed to increase the clinical services manager to full time at Hoon Hay and to increase registered nursing hours to meet the Heritage</p>	<p>The registered nurse hours do not meet the level identified by the Heritage staffing formula for safe care.</p>	<p>Ensure the registered nurse hours are increased to meet the level identified by the Heritage staffing formula for safe care.</p> <p>90 days</p>

		staffing formula. Due to the actions already taken, this finding is rated low risk.		
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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.