

# Heritage Lifecare Limited - Chiswick Park Lifecare

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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:

<b>Legal entity:</b>	Heritage Lifecare Limited
<b>Premises audited:</b>	Chiswick Park Lifecare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 25 March 2025 End date: 25 March 2025
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	50

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

## General overview of the audit

Chiswick Park Lifecare is certified to provide rest home, hospital, and residential disability services for up to 52 residents. The service is owned and operated by Heritage Lifecare Limited. Residents and whānau were complementary about the care provided.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, and a general practitioner. The facility is managed by a care home manager supported by a clinical services manager, both of whom are registered nurses. The care home manager and clinical services manager are both experienced in the health and disability sector and together they have clinical oversight of the facility.

Findings from the previous (certification) audit in relation to care planning, recreation services, and the restraint process have been addressed. Areas requiring improvement identified during this audit include ongoing issues around the quality system and the delivery of care.

## 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.

Chiswick Park Lifecare provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There are processes in place to ensure Māori can be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).

There were residents who were allied to the Pacific Islands residing in Chiswick Park Lifecare on the days of audit. They, and their whānau, confirmed that they were provided with services that recognised their world and spiritual views and that they felt 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. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were managed promptly and effectively in collaboration with all parties. There were processes in place to ensure that the complaints process worked equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

## 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 governing body assumes accountability for delivering a high-quality service. 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 (tāngata whaikaha). Planning ensured the purpose, values, direction, scope and goals for the organisation were defined. Service performance was monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback, and staff participate in quality activities. An integrated approach included collection and analysis of quality improvement data and identified trends that led to improvements. Actual and potential risks were identified and mitigated. Adverse events were documented, with corrective actions implemented. The service complied with statutory and regulatory reporting obligations.

Staff were appointed and managed using current good practice. Staff were suitably skilled and experienced. Staffing levels were sufficient to provide clinically and culturally appropriate care. Staff were orientated to the service. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery.

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to Chiswick Park Lifecare, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

Files reviewed demonstrated the documentation in care plans was individualised, based on comprehensive information, and accommodated any recent problems that might arise. The documentation in the care plans met the needs of residents and their whānau and they were 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 needs of the residents, with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities.

There have been no changes to the building or evacuation planning since the previous 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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The governing body, clinical services manager, and the infection control nurse at Chiswick Park Lifecare ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

The infection prevention and antimicrobial stewardship programme was adequately resourced. The experienced and trained infection control nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

## 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 was a restraint free environment. This was supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, in in place should restraint use be required in the future.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	1	1	0	0
Criteria	0	52	0	1	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Chiswick Park Lifecare (Chiswick) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. The service can access support through the Heritage Lifecare Limited (HLL) Māori Network Komiti, Health New Zealand – Te Whatu Ora (Te Whatu Ora), and through local Māori health providers: Te Waka Huia a Manawatū Trust, and Whakapai Hauora (a local general practitioner (GP) service), and its local iwi (Te Hotu Manawa o Rangitane o Manawatū Marae in Awapuni). A Māori health plan has been developed with input from cultural advisors, and this is used for residents who identify as Māori.</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>	FA	<p>Chiswick identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. There were</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>residents who affiliated to a Pacific community in the facility during the audit. The Fonofale model of care was available for Pacific affiliated residents.</p> <p>Chiswick has access to local Pacific communities through its staff and through the Papaioea Pasifika Community Trust. Pacific community affiliated residents in the service confirmed that their cultural and spiritual needs were being met at Chiswick.</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>Staff interviewed at Chiswick understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Formal training on the Code had been provided to staff in 2024.</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. Posters on the Code in English, te reo Māori and New Zealand Sign Language (NZSL) were on display in the facility. Brochures on the Code and the Advocacy Service were available in the front entranceway.</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>Employment practices at Chiswick included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff understood the service's policies and procedures and knew what to do should there be any signs of behaviour that could negatively impact on residents and/or their whānau. Staff followed a code of conduct and understood the principles of maintaining professional boundaries.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected, and their finances protected. Professional boundaries were maintained.</p> <p>Residents and whānau expressed satisfaction with the care provided by Chiswick; however, they did make mention of the strict showering regime imposed, and the slow response to call bell requests (refer criterion 3.2.4).</p>

		Staff were described as respectful and willing to assist.
<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 at Chiswick and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these met the requirements of consumer rights legislation. Residents and whānau were informed of the complaints process on admission, and information relating to the complaints process was displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. The care home manager (CHM) advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or the use of te reo Māori, as applicable.</p> <p>Documentation sighted for eight complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. All had been satisfactorily resolved with the complainants.</p> <p>There was one coroner's enquiry currently open related to an unexpected death at the facility; this was open at the last (certification) audit.</p>

		<p>One complaint was also received in July 2024 through the Advocacy Service attached to the Office of the Health and Disability Commissioner. The complaint related to resident care. The service provided information to the Advocacy Service in a timely manner, and the complaint was closed in March 2025.</p>
<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>	<p>FA</p>	<p>Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. A strategic plan is in place that outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021) in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Each facility has its own business plan for its particular services, and Chiswick’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and is reviewed quarterly. The service’s organisational philosophy and strategic plan reflect a person-centred and whānau-centred approach to the services delivered at Chiswick.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service reflects a person-centred and whānau-centred approach to care. Chiswick is managed by a CHM, with the assistance of a clinical services manager (CSM), both are registered nurses (RNs) and together they oversee the clinical services being provided at Chiswick.</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 care facilities, including Chiswick. Internal data collection (e.g., adverse events, infections, audits, and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) carried out. Feedback is made to the clinical governance group and to the board.</p> <p>Ethnicity data was collected to support equitable service delivery. Equity for Māori, Pacific peoples 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</p>

		<p>in other languages for the Code of Rights, complaints, and infection prevention and control). Chiswick utilised the skills of staff, senior managers and community organisations to support them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) services at rest home and hospital level, long-term support – chronic health conditions (LTS-CHC), and short-term (respite) care. It also has a day care contract and contracts with the Ministry of Social Development – Te Manatū Whakahiato Ora (MSD) for Disability Support Services (DSS), and with the Accident Compensation Corporation (ACC).</p> <p>Fifty (50) residents were receiving services at the time of audit. Twenty-five (25) residents were receiving rest home care (including three residents receiving respite care), and 25 hospital level care (including one person on a respite contract, two under DSS contracts, and three under ACC contracts). There were no residents receiving care under the LTS-CHC contract or day care residents in the facility during the audit.</p>
<p><b>Subsection 2.2: Quality and risk</b></p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>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, complaints, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Audit activities were a finding during the previous (certification) audit and, while this has improved, this has not yet been fully addressed (refer criterion 2.2.3).</p> <p>The CHM and CSM understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Relevant corrective actions were developed and implemented to address any shortfalls; these include ethnicity information to allow for any inequality to be identified and addressed. Progress against quality outcomes is evaluated. Quality data was communicated and discussed, and this was confirmed by staff at interview.</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, and action</p>

		<p>plans developed and followed up in a timely manner. Ethnicity information was collected and analysed as part of adverse event reporting. Eleven (11) adverse events were looked at in detail; all were fully completed, with actions required to minimise these events recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care. Neurological observations had been documented for residents who had an unwitnessed fall, or a witnessed fall with a witnessed 'blow to the head'.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been two Section 31 notifications to HealthCert (Manatū Hauora) since the last audit in relation to the change of the CSM (a temporary change to manage CSM recruitment, then a permanent change). The service was aware of reporting requirements to the Health Quality and Safety Commission/Te Tāhū Hauora (Te Tāhū Hauora) for all severity assessment code (SAC) reporting SAC1 and SAC2 incidents as well as pressure injury at stage 3 and above; three notifications have been made to Te Tāhū Hauora for pressure injuries.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Review of four weeks of rosters showed that staffing was sufficient to meet residents' needs. The facility continues to adjust staffing levels to meet the changing needs of residents; this was observed on the rosters sighted. Care staff reported there were adequate staff to complete the work allocated to them. Residents and their whānau, however, commented on staffing and the time it took for call bells to be answered (refer criterion 3.2.4).</p> <p>There are RNs on duty 24 hours per day/seven days per week (24/7), and there is a first aid certified staff member on duty 24/7. Job/role descriptions were in place for all positions; these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Continuing education was planned on an annual basis and included mandatory training requirements. Records sighted showed that the programme had been delivered. Related competencies were assessed and documented, and support equitable service delivery.</p>

		Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions, which 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, infection prevention and control (IPC), or health and safety portfolio. Ethnicity data was recorded and used in line with health information standards. Staff information was secure, and accessible only to those authorised to use it.</p> <p>A sample of eight staff records were reviewed; all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Qualifications were validated prior to employment; thereafter, a register of annual practising certificates (APCs) was maintained for registered or enrolled health professionals.</p> <p>Orientation was comprehensive and covered the most essential components of the service (including safety competencies). Staff performance was reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</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</p>	PA Moderate	<p>The multidisciplinary team at Chiswick worked in partnership with the resident and their whānau to support the resident's wellbeing. Younger people with disability in the service were supported to access the community, resources, the facility and supports as required; the service promoted access to whānau and friends.</p> <p>Eight residents' files were reviewed: six hospital files and two rest home files. These files included residents who identified as Māori, identified as from a Pacific community, were receiving care under a DSS contract, had several co-morbidities, had swallowing difficulties or had a facility-acquired pressure</p>

<p>and whānau to support wellbeing.</p>		<p>injury.</p> <p>A previous audit identified that care plans did not always document all the residents' required needs. This has now been addressed. Files reviewed verified all the residents' required needs were documented. The RN documented a plan of care for the resident 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. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including for residents with a disability.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews (including with the GP), and from observation.</p> <p>While the documentation in the residents' care plans addressed all the residents' needs, evidence verified the provision of services was not always consistent with meeting the residents' assessed needs or aspirations. This was an area identified as requiring attention (refer criterion 3.2.4).</p> <p>An interview with seven other residents and three other whānau made mention of the time it took for call bells to be answered (refer criterion 3.2.4). Mention was also made that, if for some reason the resident did not receive their shower on their 'allocated day', they were not enabled to have another until the next scheduled day (refer criterion 3.2.4).</p> <p>An interview with the GP expressed concern regarding the number of changes in the clinical management position, saying that at times there had not been one available. The GP made mention of lack of clinical oversight as a concern. The GP did say, however, that any requests made by the GP were attended to in a timely manner. The service has recently employed a permanent full-time CSM for the service.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>A previous (certification) audit identified that there was no consistency in the activities programme being provided at Chiswick, and no activities were provided during the two days of that audit. This has now been addressed. A planned activities programme that meets the needs of the residents is being provided at Chiswick seven days a week, as evidenced by observations, documentation, and interviews.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. 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. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not in use at Chiswick.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely, including for younger people with disabilities. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the</p>

		prescriber as part of the person's medication.
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Chiswick was in line with recognised nutritional guidelines for older people and younger people with disabilities. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 14 August 2024. Five areas requiring corrective action were identified during the audit and these had been addressed. The plan was verified for 18 months and is due for re-audit on 15 February 2026.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></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>When there was a need for a resident to be transferred or discharged from Chiswick, this was planned and managed safely to include the resident's current needs and any strategies required to mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau.</p>
<p><b>Subsection 4.1: The facility</b></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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, physically accessible for people with a disability, culturally appropriate, and that they meet legislative requirements. There are smaller leisure spaces available within the facility; residents (including younger residents) who wish for privacy can access these.</p>

<p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>The building had a Building Warrant of Fitness which expires on 4 July 2025. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within acceptable limits.</p> <p>There have been no changes to the facility or evacuation planning since the previous audit.</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 infection prevention (IP) and antimicrobial stewardship (AMS) programme at Chiswick is appropriate to the size and complexity of the service. The programme had been approved by the governing body, was linked to the quality improvement system, and was reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</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>Chiswick undertook surveillance of infections appropriate to that recommended for long-term care facilities and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance data included ethnicity data. Results of the surveillance programme were reported to management and the governing body, and shared with staff.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and Chiswick is restraint-free. No restraint use was sighted during the audit.</p> <p>There were strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level, and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the 2024 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Annual restraint competency had also been completed. Staff interviewed were knowledgeable about the restraint process and restraint monitoring.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Restraint was not actively in use at the last (certification) audit in July 2023; however, the facility had only recently stopped using restraint, the last use being February 2023.</p> <p>Because of this, a lookback approach was used to assess the facility's understanding of safe restraint; three residents had been using restraint in February 2023 and deficits were identified in all resident records. Deficits in staff understanding of restraint monitoring processes were also identified during the audit.</p> <p>The previous (certification) audit showed that the restraint process outlined in HLL's policy and procedure was not being followed. Restraint approvals did not have documentation in place to ensure that restraint had been used as a last resort and after all other interventions or de-escalation strategies had been tried or implemented. Cultural assessments were not in place to ensure any cultural needs would be met. Monitoring processes were not fully documented. There was no documentation related to people's cultural,</p>

		<p>physical, psychological, and psychosocial needs, or wairuatanga, in the residents' restraint records. There was no documentation in the residents' restraint records of decision-making process, details of de-escalation techniques and alternative interventions attempted or considered prior to the use of restraint, details of any advocacy and support offered, provided, or facilitated, the outcome of the restraint, or comments resulting from the evaluation of the restraint.</p> <p>Since that time, the facility has transitioned from paper records to the electronic resident management system used by HLL. Transitioning to this system supports staff at the facility in safe restraint processes if restraint were to be utilised in the future. The policy and procedures for restraint have also been reviewed (March 2024).</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>At the previous (certification) audit, it was identified that Chiswick was not completing internal audits in line with the planned internal audit schedule, and that the service was not signing off corrective actions once they had been completed and resolved.</p> <p>At this audit, audits had been completed to the planned audit schedule with corrective actions identified, but resolution of corrective actions were not documented. Reporting of audit outcomes (% compliance) was sighted in meeting minutes.</p>	Internal audits have been completed as per the audit schedule, but not all audits have had corrective actions appropriately documented and signed off once resolved.	<p>Ensure all internal audits have had corrective actions appropriately documented and signed off once resolved.</p> <p>180 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans,</p>	PA Moderate	A review of eight resident files verified that care plans evidenced active involvement with the resident and whānau; however,	Care provided at times was not consistent with meeting the residents'	Provide evidence the care provided at Chiswick is consistent

<p>service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>residents and whānau interviewed made mention of the time it took for call bells to be answered, and their needs addressed. This was verified by a sample taken from the call bell monitoring system that noted over a recent specified time slot, 215 calls took longer than 10 minutes to be answered and 35 took longer than 20 minutes. In addition, five of eight residents stated if for some reason they did not get a shower on their 'allocated' shower day, they had to wait until their next 'allocated' day for their shower. This was verified during staff interview when staff confirmed that they worked from a 'shower list' and that residents could not delay their 'allocated' shower to the afternoon (if allocated a morning shower) or the next day. Observations on the day of audit noted five male residents had not had their need for a daily shave addressed. The GP expressed concern re lack of clinical oversight.</p>	<p>assessed needs and aspirations.</p>	<p>with meeting the residents' assessed needs and aspirations.</p> <p>90 days</p>
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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.