

Heritage Lifecare (BPA) Limited - Riverside Care Home and Hospital

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 (BPA) Limited

Premises audited: Riverside Care Home and Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care

Dates of audit: Start date: 2 April 2025 End date: 3 April 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: 64



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Riverside Care Home and Hospital is certified to provide rest home, hospital services, secure dementia and residential care services for younger people for up to 65 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 (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 an experienced care home manager supported by an experienced clinical services manager who has clinical oversight of the facility.

There were no areas identified for improvement at the last (certification) audit and the service gained continuous improvement ratings in two areas; one related to equity of access to services and the other aspects of infection control. Again, at this audit, no areas requiring improvement were identified and the two continuous improvements identified in the last (certification) audit have been continued.

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.

Riverside Care Home and Hospital provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There were health plans in place that encapsulated care specifically directed at Māori, Pacific people, 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). Māori in the service confirmed culturally appropriate care was taking place.

There were no residents who identified as from a Pacific community residing in the service on the days of audit. However, processes were in place to enable Pacific 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. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy and independence. Riverside Care Home and Hospital provided services and support to people in a way that was inclusive and respected their identity, choices, and experiences. The needs of tāngata whaikaha (people with a disability) were responded to, including their participation in te ao Māori where this was relevant. There was evidence that residents and their whānau were kept well informed.

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

Subsections applicable to this service fully attained.

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 tāngata whaikaha. Planning ensures the purpose, values, direction, scope and goals for the organisation are 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 were supported at governance level. Residents and whānau provide regular feedback, and staff participated in quality activities. An integrated approach included collection and analysis of quality improvement data and identified trends that lead 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 supported safe and equitable service delivery. Regular performance reviews were implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

When residents were admitted to Riverside Care Home and Hospital, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with a range of communities and organisations to benefit all residents had been developed, including for Māori and their whānau.

The service worked in partnership with the residents and whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care 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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility 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

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| 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, care home manager, clinical services manager, and the infection control nurse at Riverside Care Home and Hospital 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 programmes were adequately resourced.

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

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

Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|----------------------------------------------------|--------------------------------------|------------------------------------------------|----------------------------------------|------------------------------------------------|
| Subsection | 0 | 19 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 2 | 50 | 0 | 0 | 0 | 0 | 0 |

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

| Subsection with desired outcome | Attainment Rating | Audit Evidence |
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| <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> | FA | <p>Riverside Care Home and Hospital (Riverside) 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. 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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p> | FA | <p>Riverside has identified and worked 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 no residents who identified as Pacific people in the facility during the audit, but there are processes in place to facilitate culturally appropriate care if residents were to be admitted. Should it be required, the Fonofale model of care was available for the use of residents who identified with a Pacific community.</p> |

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| <p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | | |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>Staff interviewed at Riverside 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 2025.</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 Health and Disability 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> | <p>FA</p> | <p>Employment practices at Riverside 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>Residents reported that their property was respected, and their finances protected.</p> <p>Residents and whānau expressed satisfaction with the care provided by Riverside and described staff as willing to help, cheerful and enthusiastic.</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</p> | <p>FA</p> | <p>Residents at Riverside 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.</p> |

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| <p>provided with information that supports me to understand why. 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. 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>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 The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | <p>FA</p> | <p>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 two complaints received by the service 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. There was one complaint received in 2024 via Te Whatu Ora. The complaint has been addressed by the service and closed by Te Whatu Ora.</p> <p>In addition to this, there are three investigations currently under investigation by the Coroner following unexpected deaths in the facility; all were open. The service has provided information as requested by the Coroner.</p> |
| <p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the</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 which outlines the organisation's structure,</p> |

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| <p>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>purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Each facility has its own business plan for its particular services, and Riverside’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and was reviewed quarterly. The service’s organisational philosophy and strategic plan reflected a person/whānau-centred approach to the services delivered at Riverside.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision and the service reflects a person/whānau centred approach to care. The service is managed by a CHM, who is a registered nurse (RN), with the assistance of a clinical services manager (CSM), who is also a RN; both are experienced and together oversee the clinical services being provided at Riverside.</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 its care facilities, including from Riverside. Internal data collection (eg, adverse events, infections, audits and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) carried out. Feedback was 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 (people with disabilities) was addressed through policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, complaints, and infection prevention and control). Riverside utilised the skills of staff and senior managers and supported them in making sure barriers to equitable service delivery were surmounted.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand (Te Whatu Ora) for age-related residential care (ARRC) services at rest home and hospital level, long-term support - chronic health conditions (LTS-CHC), short-term care (respite), dementia care, and day care. It also holds contracts with the Ministry of Social Development/Te Manatū Whakahiato Ora, Disability Support Services (DSS) for the care of younger tāngata whaikaha (under 65),</p> |
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| | | <p>and through the Accident Compensation Corporation (ACC).</p> <p>Sixty-four (65) residents were receiving services at the time of audit. Twenty-five (25) residents were receiving rest home care (including five under LTS-CHC contracts, two under DSS contracts, and one under an ACC contract), 22 hospital level care (including four under LTS-CHC contracts and six under DSS contracts), and 18 receiving dementia level care. No residents were receiving care under the day care or ARRC respite contract on the days of audit.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds.</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; this included ethnicity information to allow for any inequality to be identified and addressed. Progress against quality outcomes was 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 plans developed and followed up in a timely manner. Ethnicity information was collected and analysed as part of adverse event reporting. Nine (from 38) 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>At the last (certification) audit, it was identified that Riverside had actively identified opportunities to reduce inequity for residents entering their service.</p> |

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| | | <p>A continuous improvement rating was awarded, and this has been maintained (refer criterion 2.2.4).</p> <p>Residents, including younger tāngata whaikaha, have input into quality activities in the organisation through resident meetings, and satisfaction surveys. There is access to Wi-Fi and any specialised equipment required.</p> <p>The CHM and CSM understood and have complied with essential notification reporting requirements. There have been 25 Section 31 notifications to HealthCert (at the Ministry of Health/Manatū Hauora) since the last audit related to resident behaviour (fourteen), visitor behaviour (one), choking (one), unplanned fire alarm activation (one), fire (one with emergency services response), COVID-19 outbreak (one), absconding from the facility (one) and RN shortage (five – ten shifts, the last in December 2024). 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; one notification has been made to Te Tāhū Hauora for a non-facility-acquired stage 3 pressure injury.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | FA | <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 resident need. The facility continues to adjust staffing levels to meet the changing needs of residents; this was observed on the rosters sighted. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Care staff reported there were adequate staff to complete the work allocated to them; residents and whānau interviewed supported this, citing responsive care.</p> <p>The service is managed by the CHM, supported by the CSM; both are RNs and very experienced. 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 are in place for all positions, these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements, including education specific to younger tāngata</p> |

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| | | <p>whaikaha. Education has also been delivered on specific conditions related to the resident population. Records sighted showed that the programme had been delivered with good uptake by staff. Related competencies were assessed and documented, and supported equitable service delivery.</p> <p>Care staff have access to a New Zealand Qualification Authority dementia education programme to meet the requirements of the provider's agreements with Te Whatu Ora. There are 10 caregiving staff at Riverside who primarily work in the secure dementia unit of the service. Of these, eight have the qualifications required to work in the service and two staff have been enrolled in appropriate timeframes. There are 14 other caregivers in the service who have qualifications to work in the area should this be required. Of note, the service expects that RNs working in the service to undergo a limited credit programme (four units) from the New Zealand Qualification Authority education programme related to dementia. Ten (10) nurses have currently completed the programme and three nurses were enrolled.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There 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, 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) is maintained for registered or enrolled health professionals.</p> <p>Orientation was comprehensive and covers the most essential components of the service (including safety competencies). Staff interviewed confirmed that they felt ready for their work once orientation was completed.</p> <p>Staff performance was reviewed and discussed at regular intervals; this was</p> |

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| | | <p>confirmed through documentation sighted and interviews with staff. Staff confirmed that they were able to set their own goals through this process, including education goals.</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>Riverside accommodated a number of residents with complex and diverse needs (refer criterion 2.2.4). The multidisciplinary team at Riverside worked in partnership with community services, specialist services, the resident and their whānau to support the residents' wellbeing and health outcomes. Riverside supported the younger tāngata whaikaha in the service to access community supports as required and enabled the residents to have an improved quality of life and an enjoyable life, within the limitations their conditions imposed on them.</p> <p>Eleven residents' files were reviewed: five hospital level care files, three rest home level care files, and three files of residents residing in the secure dementia unit. These files included residents who identify as Māori, were receiving care under a DSS contract, self-administer medication, had a number of co-morbidities, had swallowing difficulties, a high falls risk, had behaviours that were a challenge, were diabetic, had compromised mobility and were a high falls risk.</p> <p>Files reviewed verified 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. This was verified by reviewing documentation, sampling residents' records, from interviews (including with the GP), and from observation.</p> <p>Management of any specific medical and psychological 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, and specialist services. Residents and whānau confirmed active involvement in the process, including for younger tāngata whaikaha.</p> |

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| <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 Riverside.</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 tāngata whaikaha. 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 prescriber as part of the person's medication.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | <p>FA</p> | <p>The food service provided at Riverside was in line with recognised nutritional guidelines for older and younger people. 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 18 December 2024. One area requiring corrective action was identified during the audit and this had been addressed, with the plan verified for 18 months.</p> |

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| | | <p>The plan is due for re-audit on 18 June 2026.</p> <p>Residents in the secure dementia unit had access to food any time, day or night.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>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 a resident from Riverside was required to be transferred or discharged, a plan was implemented to ensure the resident's needs were addressed, safety was maximised and risks mitigated. The plan was developed with coordination between the services and in collaboration with the resident and their whānau.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | FA | <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, physically accessible for tāngata whaikaha, 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>The building had a Building Warrant of Fitness which expires on 15 December 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 are completed for resident areas; these were sighted, with any deviations from acceptable limits addressed. There have been no changes to the facility since the previous audit.</p> |
| <p>Subsection 5.2: The infection prevention programme and</p> | FA | <p>The infection prevention (IP) and antimicrobial stewardship (AMS)</p> |

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| <p>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>programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are 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. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>An initiative implemented prior to the previous (certification) audit was identified as an area of continuous improvement. The initiative was to reduce the number of catheter related infections by changing the type of catheter in use and evaluating the effect of the change across catheter related urinary tract infections (UTIs) and subsequent antibiotic use. Evidence was sighted of a downward trend in the use of antibiotics with no adverse outcomes noted at that time. This initiative remains in place with continuing low numbers of catheter related infections in the facility (refer criterion 5.3.3).</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</p> | FA | <p>Riverside 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. Data collected included ethnicity data.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body, and shared with staff.</p> <p>A summary report for a recent infection outbreak was reviewed, and it</p> |

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| <p>prevention programme, and with an equity focus.</p> | | <p>demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</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 Riverside has been restraint-free since 2019. 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 (eg, 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 2025 education/training programme (which includes annual restraint competency).</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.

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| <p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p> | CI | <p>At the previous (certification) audit in 2023, a continuous improvement was recognised in relation to service equity for residents. Not only has this been maintained but the service has continued to improve in this area. The service believes that everyone should have access to services regardless of the symptoms of their disease or disability manifested. Riverside identified that there were a number of people in their community who did not ‘fit in’ with the ‘ideal’ presentation of residents for care providers because of their complex needs, behaviours or underlying mental health issues, as well as people who had been exited from other facilities, often due to behaviours that challenged. At the previous audit, Riverside had 15 residents, at rest home or hospital level, who had been exited from other facilities. Since then, Riverside has admitted a further six residents who have been exited from other facilities and a further six through specific request from Te Whatu Ora Mental Health Support of Older Persons Service. Social workers attached to Te Whatu Ora refer specifically due to the support</p> | <p>Riverside actively reduces inequity to admission to services through their support programme aimed at residents who have complex needs, have been exited from other facilities, exhibit behaviours that challenge or who have mental health issues.</p> |

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| | | <p>systems that are available to residents at Riverside. No residents have been exited from the service since the previous audit, and there have been no requirements for referral to higher levels of care.</p> <p>Of the residents in the service, 15 residents are under the age of 65 (24%) and a further 14 (22%) are between 65-69. Despite the mix of younger and older people, the service is very well integrated. Due to the individualised support and care options offered to residents, the service has the capability to admit increasingly complex younger residents and care for them effectively, without impacting the care of other, often older, people in the service.</p> | |
| <p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p> | CI | <p>In the 2023 certification audit, a continuous improvement was recognised after it was verified that the number of catheter-related UTIs at Riverside had reduced by changing the catheters used from silicone coated catheters to complete silicone catheters. The reduced irritation resulted in the resident not 'fiddling' with the catheter as much, and a reduction in urethral stricture and irritation. Increased training and competency reviews for staff had also occurred. In July 2022, there were 10 catheter-related infections; catheters were changed to silicone only between August and October 2022. In November, there was only one non-facility-acquired catheter-associated UTI and no facility-acquired UTIs. This audit recognised that the continuous improvement remains ongoing. Since the last audit, the facility has continued to use complete silicone urinary catheters. The facility's review of practices and statistics between October 2022 and March 2025, has, despite the increased costs, verified support for their continued use, based on the quality results that have occurred. In addition to this, ongoing education around antimicrobial stewardship and catheterisation technique has continued. An ongoing evaluation of the initial initiative evidenced continued effectiveness of these strategies. Statistics verify there have been minimal catheter-related facility-acquired UTIs (one</p> | <p>An initiative to minimise catheter-related UTIs through the use of complete silicone catheters has resulted in a continued reduction in these infections.</p> |

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End of the report.