

Heritage Lifecare (BPA) Limited - Cargill Care Home & Village

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Cargill Care Home & Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 25 March 2025 End date: 26 March 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 35

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

Heritage Lifecare Limited (HLL) owns and operates Cargill Care Home and Village. The facility provides rest home services for up to 40 residents.

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

The management structure of Heritage Life Care Limited was reviewed in December 2024, and four regional business managers and four regional health advisors now operate across the Heritage services to provide advice and support to the management and staff teams. A new chief executive officer was recently appointed. The position of chief operating officer has been established, and recruitment was underway.

Improvements are required to registered nursing and laundry hours, completion of legal documents, care plans, progress, and discharge notes.

Ō tātou motika | Our rights

<p>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.</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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Cargill Lifecare and Village (Cargill) 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. Cargill worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Systems and processes were in place to enable 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. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which was reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau received information in an easy-to-understand format and felt listened to. Open communication was practised. Interpreter services were provided as needed. The service aims to involve whānau and legal representatives in decision-making that complies with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The organisation is governed by Heritage Lifecare Limited. The board of directors work with the manager at Cargill Lifecare and Village to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors were suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

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

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

Staff were appointed, orientated and managed using current good practice. Staff were suitably skilled and experienced. Care giver staffing levels were sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Staff performance was monitored.

Residents' information was accurately recorded, securely stored, and not publicly displayed or accessible to unauthorised individuals.

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 people were admitted to Cargill Lifecare, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and whānau.

The service aims to work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive information. Files reviewed demonstrated that care met the needs of residents and whānau. The service aims to evaluate files on a regular and timely basis.

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

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

The food service was safely managed and met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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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 tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities).

Staff were trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff and residents interviewed understood emergency and security arrangements. Security was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body, Heritage Lifecare Limited, ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that were appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.


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

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

Cargill Lifecare promoted responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, was in place should restraint use be required in the future.

A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	23	0	2	2	0	0
Criteria	0	164	0	2	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Heritage Lifecare Limited (HLL) had a Māori Health Plan which guided care delivery for Māori using the Whare Tapa Whā model, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Input from Māori was supported through the Māori Network Komiti, a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its response to the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021, and its Te Tiriti o Waitangi obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses (RNs), and other care workers. The group provided information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Te Whatu Ora Southern, and through a local cultural advisor.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supported increasing Māori capacity by employing more Māori staff members across differing levels of the organisation, and this is</p>

		<p>outlined in its strategic plan and in policy documentation. Ethnicity data was gathered when staff were employed, and this data was analysed at a management level. Staff who identified as Māori were employed at all levels of the organisation, including in leadership, training, and care giving roles. Training on Te Tiriti o Waitangi was part of the HLL training programme, and this was implemented in the service. The training was geared to assist staff to understand the key elements of service provision for Māori and tāngata whaikaha, including mana motuhake, and providing equity in care services. There were no residents who identified as Māori on the days of the audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Heritage Lifecare understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pacific people. Two members of the executive team identify as Pacific people. They can assist the Board to meet their Ngā Paerewa obligations to Pacific people.</p> <p>A Pacific Health Plan is in place that utilises the Fonofale model of care to document care requirements for Pacific peoples and ensure culturally appropriate services. The plan has been developed with input from cultural advisers. Cargill Lifecare (Cargill) has access to local Pacific communities through Pacific staff. Two residents identified as Pacific people on the days of the audit.</p> <p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. The service supported increasing Pacific capacity by employing more Pacific staff members across differing levels of the organisation and this is outlined in its strategic plan, and in policy documentation. Ethnicity data was gathered when staff were employed, and this data was analysed at a management level. Training on culturally specific care, including care for Pacific peoples, was part of the HLL training programme, and this was implemented in the service. The training was geared to assist staff to understand the key elements of service provision for Pacific peoples and providing equity in care services.</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 Cargill Lifecare 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. Training records verified staff had received training on the Code.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Signage on the Code and the Advocacy Service was visible around the facility, and brochures were available at reception. A residents' advocate runs a resident meeting every three months and provided feedback to the facility. Efforts to obtain feedback from the advocate via a phone call at the time of audit were unsuccessful.</p> <p>The rights of Māori in relation to self-determination (Māori mana motuhake) were recognised and understood by staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Cargill Lifecare supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed they received services in a manner that had regard for their cultural identity, dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Rooms sighted were spacious and reflected each resident's individuality.</p> <p>Staff had received training on the principles of Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Te reo Māori and tikanga Māori were promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility and key resident information such as the Code of Rights was displayed in te reo Māori. Staff described the use of karakia</p>

		<p>to open and close meetings and had access to a Māori advisor for support</p> <p>The service responded to the needs of individual residents, including those with disabilities. There were no current residents who identified as Māori. Staff described ways they had enabled past Māori residents to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the Heritage policy on abuse and neglect, including what to do should there be any signs of such practices. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and valuables photographed. There are processes in place to ensure finances are protected. Residents reported that their property was respected, and finances were protected.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon.</p> <p>A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to whānau in a timely manner. Where other agencies participated in care, communication had not always occurred; refer criterion 3.6.5.</p> <p>Examples of open communication were evident following adverse events, nurse practitioner visits and during management of any complaints. Notice boards included the notification of the facility's</p>

		<p>quality indicators, meeting minutes, upcoming meetings, and events to keep everyone informed.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>PA Moderate</p>	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Residents and whānau interviewed did not always feel included in documentation of their care needs; refer criterion 3.2.5.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning and shared goals of care were documented, as relevant, in the resident's record.</p> <p>Heritage has documented processes for establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent. Staff identified residents who they believed had an activated EPOA. However, supporting documentation was not always available to confirm this; refer criterion 1.7.6.</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>	<p>FA</p>	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. This met the requirements of the Code. The care home manager and village manager (CHVM) advised there was a process in place to manage complaints from Māori by the use of hui, appropriate tikanga, and/or te reo Māori as applicable.</p> <p>Complaints forms were available in English and te reo Māori. Residents and whānau interviewed reported that they understood their right to make a complaint and knew how to do so.</p>

		<p>The CHVM was responsible for complaints management and follow-up.</p> <p>There has been one formal complaint received by the service since the last audit. Evidence was sighted that the complainant had been informed of the outcome of their complaint. One minor concern has been documented and resolved since the last audit. There had been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumed accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. 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 (eg, information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supported them in making sure barriers to equitable service delivery were surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data was collected to support equitable service delivery.</p> <p>An experienced and suitably qualified person has been appointed to manage the service. The CHVM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. When the CHVM is absent, the administrator/village co-ordinator carries out all the required duties under delegated authority with support from the regional business manager.</p>

		<p>Each facility has its own business plan for its particular services. The 2025 business plan, reviewed quarterly, describes annual and longer-term objectives and was sighted. The end of year review of the 2024 business plan was due to be carried out at the time of audit.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This included receiving regular information from each of its care facilities. The HLL reporting structure relied on information from its strategic plan to inform facility-based business plans. Internal data collection (eg, adverse events, infections, audits and complaints) were aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback was to the clinical governance group and to the board. Changes were made to business and/or the strategic plans as required.</p> <p>Job/role descriptions were in place for all positions, including senior positions. These specified the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare used an interview panel for senior managers. Recruiting and retaining people is a focus for HLL; the organisation looks for the 'right people in the right place' and aims to keep them in place for a longer period to promote stability. It also uses feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supported people to participate locally through resident meetings, and through satisfaction surveys. There was also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both were used to improve services.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the Manatū Hauora.</p> <p>The service holds contracts with Te Whatu Ora Southern for age-related residential care at rest home level, respite care, and care for those with long-term chronic health conditions for up to 40 residents. On the first day of the audit, there were 35 residents receiving care.</p>
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<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 (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures.</p> <p>A selection of minutes following the meetings with all staff evidenced comprehensive reporting.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data was communicated and discussed, and this was confirmed by staff at interview. Trends were graphed and displayed on notice boards in public and staff areas and were sighted.</p> <p>The CHVM understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and potential inequities, and the development of mitigation strategies.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education/training in relation to care of Māori, Pacific peoples and tāngata whaikaha.</p> <p>Residents and staff contributed to quality improvement through the ability to give feedback at meetings and in surveys. Minutes evidenced residents' meetings facilitated by the CHVM. An independent advocate also meets with the residents. Minutes, including the remedy, were sighted. The 2024 residents' satisfaction surveys showed an above average level of satisfaction with the services provided. Evidence was sighted on the notice board. The 2025 resident survey was completed in February and the results had not yet been analysed and circulated.</p> <p>The 2024 staff survey evidenced an increased level of satisfaction from the 2023 survey. Evidence of feedback to staff was sighted.</p> <p>The CHVM is responsible for quality.</p>
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		<p>Quality improvement initiatives include connecting with the local Menz Shed enabling residents to assemble bird feed boxes, and the installation of security cameras.</p> <p>Staff document adverse and near-miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents were being disclosed with the designated next of kin.</p> <p>The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings.</p> <p>The CHVM understood and has complied with essential notification reporting requirements. Four Section 31 notifications completed in the last 12 months were sighted.</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>PA Low</p>	<p>There was 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. A Safe Rostering tool was used. The facility adjusted care giver staffing levels to meet the changing needs of residents. The clinical services manager (CSM) position was vacant and support was provided by a roving CSM role employed by HLL and shared with another HLL provider. One registered nurse works Monday to Friday during the day. This equates to 8 hours per day of registered nurse hours, which is 44 hours per week less than the number identified by the Heritage staffing formula as being required for the current number of residents. A corrective action has been raised.</p> <p>Laundry services were provided onsite. However, on seven days per fortnight there are no identified laundry staff, and laundry is completed by caregivers in addition to their care duties. A corrective action has been raised.</p>

		<p>A review of five weekly rosters confirmed adequate caregiver cover had been provided, with staff replaced for any unplanned absence.</p> <p>Residents and staff interviewed confirmed there were sufficient staff. There are staff who have worked in this care home for between five weeks and 28 years. At least one staff member on duty has a current first aid certificate. An after-hours on-call system is in place, with the RN providing clinical cover and the CHVM providing support for all other areas 24/7.</p> <p>Staff reported that good access to advice is available when needed.</p> <p>The CHVM described the recruitment process, which includes interview, referee and police checks.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. Evidence was sighted of completed assessments.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The CHVM reported, and documentation confirmed, that staff hold Level 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications. Staff reported attending training. Training records were sighted.</p> <p>The registered nurse is currently undertaking interRAI training and aims for it to be completed by the end of March.</p> <p>The service aims to hold meetings with the resident and their whānau to discuss and sign care plans, refer criterion 3.2.5.</p>
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<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. A sample of six staff records reviewed confirmed the organisation's policies are being consistently implemented. The service was waiting for the police vetting results for three of the six files reviewed. Evidence was sighted.</p> <p>Job descriptions were documented for each role.</p> <p>Current annual practicing certificates were sighted for the registered nurse, two pharmacists, two dietitians, seven general practitioners, a podiatrist, and four nurse practitioners.</p> <p>Staff reported that the orientation programme prepared them well and includes all necessary components relevant to the role. Staff described their orientation and are buddied with an experienced staff member for as long as necessary to ensure competency. Evidence of orientation was sighted.</p> <p>Staff performance was reviewed and discussed at regular intervals.</p>

		<p>Completed reviews were sighted.</p> <p>Paper-based staff files were kept locked and confidential. Cargill was using electronic record keeping for newly employed staff. Ethnicity data was recorded, was sighted in staff records, and was used in line with health information standards.</p> <p>Staff reported that incident reports were discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely, available only to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consents were sighted for data collection. Data collected included ethnicity data.</p> <p>Cargill is not responsible for the National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	<p>FA</p>	<p>Residents enter Cargill Lifecare when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry</p>

<p>between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>process was documented and met the needs of residents. Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision to the person and to the NASC. Related data was documented and analysed, including entry and decline rates for Māori.</p> <p>Cargill Lifecare has developed partnerships with local Māori communities and organisations and support for Māori and their whānau when entering the service.</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>PA Moderate</p>	<p>The multidisciplinary team at Cargill Lifecare works in partnership with the resident and their whānau to support wellbeing. Six residents' files were reviewed: all residents receiving rest home care. The files reviewed verified that a care plan, based on the Heritage model of care, was developed by a registered nurse following assessment, including consideration of the person's lived experience, and wider service integration, where required. Residents' cultural and spiritual needs were assessed by the activities coordinator and physical needs were assessed by registered nurses. Both were documented in the care plan. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, and long-term care plan met contractual and policy requirements. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans were developed, if necessary, and examples were sighted for infections and wound care. These were reviewed weekly, or earlier if clinically indicated.</p> <p>General or nurse practitioner review occurred at a minimum of three-monthly, with resident and whānau input when possible, and was verified to have occurred. Six-monthly interRAI assessments were verified to have been completed as required; however, care plan review</p>

		<p>and update had not occurred in line with the interRAI assessment and not all clinical assessment protocols triggered were included in care planning. Documentation confirmed resident incidents were appropriately managed, including the provision of first aid and transfer to the district hospital occurred when needed. However, file review evidenced that care plans were not always reviewed and updated on return to the facility, and not all discharge information was included in care planning. Day-to-day progress was evaluated by caregivers and the registered nurse and documented in progress notes. It is Heritage policy that registered nurses complete progress notes at a minimum of twice weekly for residents at rest home level of care; however, this was not always occurring and where progress was different to that expected, changes were not always made to the care plan in collaboration with the resident and whānau, and a request to the NASC for consideration of a change of level of care had not always occurred; refer criterion 3.2.5.</p> <p>There were no Māori residents at the time of audit. Staff understood the constructs of health for Māori and discussed how they support Māori and whānau to identify their own pae ora outcomes in their care plan when they have Māori residents. A Māori health care plan based on Te Whare Tapa Whā is available for use when Māori residents are admitted.</p> <p>Heritage has developed policy in collaboration with tāngata whaikaha and ensures they participate in service development through resident meetings and surveys. Examples of choices and control over service delivery were discussed with staff, residents and whānau. Tāngata whaikaha and whānau can independently access information.</p> <p>A nurse practitioner was interviewed who stated the care was of an appropriate standard and they had no concerns regarding care but felt staffing levels were low; refer criterion 2.3.1. Resident and whānau interviews confirmed satisfaction with care, including satisfaction with communication from staff.</p>
<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>FA</p>	<p>The activities programme at Cargill Lifecare is provided by an activities coordinator five days a week; they are supported by a diversional</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>therapist from another Heritage facility. The programme supported residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. A strength and balance exercise programme has been reviewed by the physiotherapist, van outings occurred weekly, and the number of visiting entertainers was confirmed to be increasing; these were well received by the residents interviewed. Recent initiatives included the establishment of a men's group in which participants had made bird boxes and bird feeders, and also the establishment of a women's pamper group.</p> <p>There were no Māori residents at the time of audit. How opportunities for Māori and whānau to participate in te ao Māori would be provided was discussed and staff were able to give examples of how this would be achieved when needed.</p> <p>Improvements to the programme have not yet been formally evaluated, but resident interviews confirmed their appreciation of the changes. Feedback on the programme was provided through resident meeting minutes, one-to-one feedback and the resident satisfaction surveys. Meeting minutes, surveys and those residents interviewed confirmed they found the programme met their needs.</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 and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation 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.</p>

		<p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly general or nurse practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely.</p> <p>Residents, including Māori residents when admitted, and their whānau, were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</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 is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. Māori and their whānau had menu options that were culturally specific to te ao Māori when they were admitted.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration; expiry 31 August 2025. A verification audit of the food control plan was undertaken in February 2024. One area was identified as requiring corrective action. This has been addressed. The food control plan was verified for 18 months.</p> <p>Residents that were able, participated in food preparation through the activities programme.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, intolerances, allergies, any special diets and modified texture requirements were accommodated in the daily meal plan. Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>PA Low</p>	<p>Transfer or discharge from the service is planned and managed safely in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. However, when residents were admitted for respite, there was no documented discharge plan and no communication with the primary care or community care providers to ensure services in the community were resumed on discharge; refer criterion 3.6.5.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current Building Warrant of Fitness was publicly displayed. It expires on 13 December 2025.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities, internal and external, were fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule, which was sighted.</p> <p>Staff confirmed they knew the processes they should follow if any repair or maintenance was required, and any requests were appropriately actioned.</p> <p>Equipment tagging and testing was current, as confirmed in interviews with the CHVM, documentation and observation. Current calibration of biomedical records was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs.</p> <p>The facility is accessible to meet the mobility and equipment needs of people receiving services. Spaces were culturally inclusive and suited the needs of the resident groups. Communal areas are available for</p>

		<p>residents to engage in activities.</p> <p>The dining area and the lounge area are spacious and enable easy access for residents and staff. Residents can access the family room for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Each resident has their own toilet and hand basin. Two rooms have ensembles. There are adequate numbers of shared accessible bathrooms. The number of toilet and bathroom facilities for visitors and staff is adequate.</p> <p>Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the bedrooms safely. Rooms were personalised, with furnishings, photos and other personal items displayed.</p> <p>Staff reported that they respected the residents' spiritual and cultural requirements. Residents and staff reported the adequacy of bedrooms.</p> <p>Heating was provided by individually thermostatically controlled ceiling heaters in the residents' rooms and the hallways. The dining and lounge areas were heated by heat pumps. Residents and staff were happy with the environment, including heating and ventilation, privacy and maintenance. Each area was warm and well-ventilated throughout the audit.</p> <p>The CHVM reported that Heritage head office, and a cultural advisor who identified as Māori, would be consulted and involved in the design of any new buildings.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 11 August 2022.</p> <p>A trial evacuation and training take place six-monthly with a record sent to Fire and Emergency New Zealand (FENZ), the most recent being on 13 March 2025. The record was sighted.</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provided guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans were displayed and known to staff.</p> <p>The orientation programme included fire and security training. Staff files evidenced staff were trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs, and fire action notices were sighted.</p> <p>Staff reported attending fire safety training and records confirmed this. Current first aid certificates were sighted in the senior support staff and RN files reviewed and as reported by the CHVM.</p> <p>Call bells alert staff to residents requiring assistance. Residents reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. Doors and windows were locked at a predetermined time and a security company checked the premises at night. Closed circuit surveillance cameras have recently been installed at the two entrances, and the medication room. Signage was in place, and evidence was sighted that residents and staff were informed.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, and PPE, were sighted. Supplies were last checked on 23 March 2025. Sufficient stored water was sighted to meet the National Emergency Management Agency recommendations for the region. The maintenance personnel reported that alternative lighting and cooking facilities were available. Residents were informed of the emergency and security arrangements at entry.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required.</p> <p>Clinical specialists can access IP and AMS expertise through Te Whatu Ora Southern and Heritage head office clinical staff.</p> <p>Infection prevention and AMS information was discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board included ethnicity data.</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 and control coordinator at Cargill Lifecare (IPCN), who is a registered nurse, is responsible for overseeing and implementing the IP programme with reporting lines to the Heritage regional health care advisor, who is the national IP lead responsible for IP and AMS across all Heritage facilities. The IPCN has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the regional health care advisor has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies. There has been no design of new buildings, and policy is in place to ensure there would be input from infection personnel if this should occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate and Māori staff attend the Cargill quality meetings where IP is discussed. The IP and antimicrobial stewardship (AMS) programme was developed by those</p>

		<p>with IP expertise, is linked to the quality improvement system, and has been approved by the Heritage governance. The programme was reviewed and reported on annually and evidence of this occurring was sighted.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Policies included procedures related to the decontamination and disinfection of reusable devices and shared medical equipment; monitoring of compliance was included in the IP audit schedule. Staff were aware which items were designated single-use, and these were not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>An antimicrobial policy is in place that is appropriate to the size and scope of the service and has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing was monitored through the infection surveillance programme to identify areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control policy. Standardised definitions were used, and data collected included</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>ethnicity. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff and reported to the governing body.</p> <p>Management of a recent outbreak was discussed and demonstrated a thorough process for care provision, documentation and follow-up. All required reporting of infections was completed.</p> <p>There were clear processes for communication between staff and residents and communication was culturally safe. Residents and whānau interviewed were happy with the communication from staff in relation to health care-associated infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances, including safe storage of chemicals and the use of personal protective equipment. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were seen to be stored safely.</p> <p>Documented policies are in place for the management of cleaning services. These describe the methods, frequency and materials to be used. Separate processes were sighted for spring cleaning and cleaning of isolation rooms. Cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme.</p> <p>Residents and whānau reported that the facility was kept clean and tidy. This was confirmed through observations.</p> <p>Laundry services are provided onsite. These are well managed, with appropriate separation of clean and dirty laundry and clear procedures describe the methods, frequency and materials to be used. The service was monitored for effectiveness and meets the needs of the facility. However, on seven days per fortnight there are no identified laundry staff, and laundry is completed by caregivers in addition to their care duties; refer 2.3.1. Resident satisfaction with laundry services was low,</p>

		as evidenced in the recent satisfaction survey and resident interviews.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this through documented policy and regular reporting requirements. The clinical advisory group (CAG) monitors the use of restraint across the organisation and is chaired by one of the organisation's regional managers, who has responsibility for ensuring that restraint minimisation is achieved.</p> <p>The RN is the restraint coordinator, providing support and oversight for any restraint management should it be used. Their position description was sighted.</p> <p>The CHVM is involved in the purchase of equipment should it be needed.</p> <p>Policies and procedures met the requirements of the standards.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free training, and management of challenging behaviours. Staff confirmed they have received training.</p> <p>At the time of audit, there were no residents using restraint. Minutes reviewed evidenced nil restraint reported.</p> <p>Given there has been no restraint reported to governance for over three years, subsections 6.2 and 6.3 have not been audited.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.6</p> <p>My legal representative shall only make decisions on my behalf in compliance with the law. If my legal representatives make decisions for me, I still have the right to be included.</p>	PA Moderate	<p>Staff identified 13 residents for whom they believed the EPOA was activated, this was confirmed by the nurse practitioner. However, supporting documentation was not always recorded in the resident file. For five of the 13 residents no letter of activation signed by an appropriate medical practitioner was present in the resident file, for two residents a copy of the EPOA was not available and for five of the 13 residents no informed consent to care was present. As a result, it was unclear to staff who could legally make decisions on behalf of the resident.</p>	<p>Five out of 13 residents with an activated EPOA did not have all documentation related to the EPOA and confirmation of the activation, signed by an appropriate medical practitioner, available in the resident file.</p> <p>Five residents with an activated EPOA did not have an informed consent to care documented in the resident file.</p> <p>Not all resident files clearly identified for staff who could legally make decisions on behalf of the resident.</p>	<p>Ensure that all residents with an activated EPOA have on file a copy of the EPOA, a copy of the letter of activation signed by an appropriate medical practitioner, and an informed consent to care signed by the EPOA.</p> <p>Ensure the resident file clearly indicates who is able to legally make decisions on behalf of the resident.</p> <p>30 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall</p>	PA Low	<p>Heritage has a documented process for determining staffing levels based</p>	<p>The registered nurse hours do not meet the level identified by the</p>	<p>Ensure the registered nurse hours are increased to meet</p>

<p>ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>on the occupancy of a facility and the acuity of residents. The clinical services manager position is vacant. The CSM role is shared with another HLL provider. One registered nurse works Monday to Friday during the day. This equates to 8 hours per day of registered nurse hours, which is 44 hours per week less than the number identified by the Heritage staffing formula as being required for the current number of care residents.</p> <p>The regional business manager, who has recently taken responsibility for Cargill, was interviewed and described plans agreed to appoint a clinical services manager to full time at Cargill, and to increase registered nursing hours to meet the Heritage staffing formula. Evidence was sighted of a contract drawn up for the position of clinical services manager. Emails were sighted for agency RN positions. Applications had been received for the permanent RN position. Due to the actions already taken, this finding is rated low risk.</p> <p>Laundry services are provided onsite. The laundry is staffed by dedicated staff for six hours on Monday, Thursday, Friday of each week, and alternate Saturdays. The CHVM manager reported that there are no dedicated laundry staff rostered on Tuesday, Wednesday, and Sunday each week, and every alternate</p>	<p>Heritage staffing formula for safe care.</p> <p>There are no dedicated laundry staff rostered on Tuesday, Wednesday and Sunday each week, and every alternate Saturday.</p>	<p>the level identified by the Heritage staffing formula for safe care.</p> <p>Ensure the roster reflects adequate dedicated laundry hours to meet the needs of the facility.</p> <p>90 days</p>
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<p>Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving</p>	<p>PA Moderate</p>	<p>Resident progress was evaluated through regular interRAI assessments which include a range of outcome measures, and these were verified to have been completed. Day-to-day progress was evaluated by the registered nurse and documented in progress notes, and it is Heritage policy that registered nurses complete progress notes at a minimum of twice weekly for residents at rest home level of care. However, in six of six files reviewed, registered nurse progress notes showing resident progress had not occurred since January 2025.</p> <p>The registered nurse is responsible for care planning, and files reviewed evidenced initial care plans and long-term care plans were completed in a timely manner on admission to the facility. However, in four of six files reviewed, the long-term care plan had not been evaluated and updated following the interRAI assessment.</p> <p>Staff identified when a resident's condition changed, and this was confirmed by the nurse practitioner; however, residents with changing needs had not been referred for</p>	<p>Care plans were not always updated following the interRAI assessment (four files reviewed), on return from hospital (two files reviewed) or when resident's progress differed from that expected (six files reviewed), and one resident had not been referred for consideration of a change in level of care when their needs changed.</p> <p>Registered nurse progress notes had not been completed since January 2025 in six of six files reviewed.</p> <p>Four of eight residents interviewed, and one whānau member, stated they were not involved in care planning and had not sighted their care plan.</p>	<p>Ensure all care plans are reviewed and updated following the interRAI assessment, following return from an acute admission to hospital and when a change in the resident's needs is identified.</p> <p>Ensure progress notes are written by the registered nurse at a minimum of twice weekly as required by policy.</p> <p>Ensure care plan changes are made in collaboration with the resident, their legal representative and their whānau when appropriate.</p> <p>Ensure residents whose needs have changed are referred for reassessment and consideration of a change in level of care when their needs increase.</p> <p>90 days</p>

<p>services and whānau responds by initiating changes to the care or support plan.</p>		<p>reassessment and consideration of a change of level of care. This included for one resident with worsening dementia.</p> <p>Appropriate care was provided following acute incidents, including first aid provision and neurological monitoring when needed. The nurse practitioner confirmed they were called appropriately, and residents were transferred via ambulance to an acute facility when needed. However, in two of six files reviewed, the care plan had not been updated following return from hospital admission, no short-term care plan was in place to guide care, and no nursing assessments or progress notes had been completed.</p> <p>Four of eight residents interviewed, and one family member stated, they had no involvement in care planning and had not sighted their care plan.</p>		
<p>Criterion 3.6.5 Service providers shall ensure people obtain the support they need, and that this is documented in the transition, transfer, or discharge plan.</p>	<p>PA Low</p>	<p>Cargill Lifecare admits residents for respite care. The admission is for a defined number of days/weeks which is known to the resident and their whānau. However, there is no documented discharge plan. Staff interviewed stated they do not communicate with the resident's primary care provider or community support provider to ensure services in the home are resumed on discharge and that it is left to family to do so. This was confirmed in interviews and</p>	<p>Residents are discharged home following admission for respite. However, transition or discharge planning is not documented and there was no evidence that primary care and community providers are informed of the resident's discharge home to ensure residents receive the support they need when they return home.</p>	<p>Ensure that the resident's primary care and community support providers are informed of a resident's discharge when they return home and that there is a plan in place for the community supports to resume.</p> <p>180 days</p>

		resident files reviewed.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.