

Heritage Lifecare Limited - Clutha Views Lifecare

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 Limited
Premises audited:	Clutha Views Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 March 2025 End date: 19 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:	51

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

General overview of the audit

Clutha Views Lifecare (Clutha Views) is owned and operated by Heritage Lifecare Limited (Heritage) and provides age-related residential care for up to 68 residents requiring rest home, hospital or dementia care. There were 51 residents in the facility on the first day of the audit.

Since the last certification audit, the number of dual-purpose hospital/rest home beds has decreased from 54 to 49 and the number of dementia care beds increased from 14 to 19. The total capacity of the facility remains at 68. The suitability of this change was confirmed in a partial provisional audit in October 2024. The facility is managed by a care home and village manager who has been in place since the last certification audit. The clinical manager position is vacant, and support is currently provided by a roving clinical services manager employed by Heritage.

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

Three corrective actions required from the previous certification audit have been addressed, with improvements made to neurological observations following unwitnessed falls, activities planning in the dementia care unit and restraint monitoring. Four corrective actions raised at the last certification audit remain open and further improvement is required; these relate to staff education and training, care planning and call bell response. One further corrective action raised at the partial provisional audit related to the issue of a code of building compliance certificate, has been addressed.

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 are fully attained.

Clutha Views works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

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

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

Processes were in place to ensure complaints were resolved promptly, equitably and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

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

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included collection and analysis of quality improvement data, identified trends and led to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

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 are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive risk-based assessments. Files reviewed demonstrated that care met the needs of residents.

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

The food service met the nutritional and cultural needs of the residents.

Food was safely managed, supported by an approved food control plan.

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

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

<p>Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current Building Warrant of Fitness and planned maintenance programme ensured safety. Electrical equipment was tested as required. A call bell system is in place for residents.

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

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

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

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

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service provided a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit, and this has been the case since the previous audit.

Staff training has been provided on the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	1	2	0	0
Criteria	0	48	0	1	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Clutha Views Lifecare (Clutha Views) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed through interviews with Māori residents and their whānau.</p> <p>A Māori health plan has been developed with input from cultural advisors utilising Te Whare Tapa Whā model of care, which is used for residents who identify as Māori. Residents and whānau interviewed reported that care was delivered in a culturally appropriate way, and they felt safe.</p> <p>The group provides information through the clinical governance structure (the clinical advisory group) to the board. The service can access support through Health New Zealand – Te Whatu Ora, through local Māori health providers, and through connections with the marae located in Milton.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>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 peoples. Two members of the executive team identified as Pacific. They can assist the board to meet their Ngā Paerewa</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>obligations to Pacific peoples.</p> <p>A Pacific Health Plan is in place, which has been developed with input from the cultural adviser. The plan utilises the Fonofale model of care, and documents support requirements for Pacific people. This model ensures that Pacific people receive an equitable service, based on culturally and spiritually safe practices.</p> <p>There were staff who identified as Pacific at the time of the audit. Staff reported, and documentation evidenced, that cultural training had been provided.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received training on the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were aware of their rights.</p> <p>The code of rights was displayed on the wall at the front entrance of the facility and included in the admission pack.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Residents receive services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property and finances were respected.</p> <p>Professional boundaries were maintained and were understood by staff.</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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, including residents, Enduring Power of Attorney (EPOA) and whānau, stated they did not always feel empowered to actively participate in</p>

<p>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>decision-making; 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. Consents for agreement of care, and advance directives including resuscitation and specific consents, were sighted in the resident files.</p> <p>All residents in the dementia unit had a documented EPOA or welfare guardian on file that had been activated by an appropriate medical practitioner.</p> <p>Staff were observed obtaining verbal consents from residents prior to cares, and this was confirmed in resident and whānau interviews.</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. 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 were in place to receive and resolve complaints that led to improvements, and these met the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). 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. Processes were in place to manage complaints from Māori using hui, appropriate tikanga, and the use of te reo Māori, as applicable.</p> <p>An electronic complaint register was maintained, and records that four complaints were received over the past year. Each complaint was clearly documented and associated documents were available to evidence that each complaint had been managed within the timeframes and requirements of the Code. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been two external complaints received over the past three years, which were both from the Office of the Health and Disability Commissioner (HDC). One of these complaints remains open, with HLL Group providing the requested information to HDC and awaiting a response.</p> <p>The second HDC complaint was closed by HDC in 2024, and Manatū Hauora have requested follow-up against the following aspects of the complaint:</p>

		<ul style="list-style-type: none"> • Criterion 2.3.2 – ensure that health care workers (including clinical managers) have the qualifications, skills, attitude and experience to provide a quality health service, and Criterion 3.2.4 – any changes to the patient’s condition are recorded in the progress notes and managed accordingly. Monitoring charts such as fluid balance charts are recorded in a timely manner. There were no issues identified in respect to these two aspects of the complaint. • Criterion 4.2.5 – call bells are monitored and answered in a timely manner. The audit identified issues with the response times and monitoring of the call bell system, and an area of improvement has been identified (refer 4.2.5).
<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>	FA	<p>The Heritage governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pacific peoples and tāngata whaikaha. Heritage has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, infection prevention and control). Heritage also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data was collected to support equitable service delivery. Each facility has its own business plan for its particular services and the business plan for Clutha Views sighted; this included annual goals and quarterly reporting on progress to the Heritage senior leadership.</p> <p>Governance and the senior leadership team commits to quality and risk via</p>

	<p>policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (eg, adverse events, infections, audits and complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes were made to business and/or the strategic plans as required.</p> <p>Position descriptions were in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL, it looks for the 'right people in the right place' and aims to keep them in place for a longer period to promote stability. The organisation also use feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both surveys were viewed, and information gathered from the results has been used to improve the service.</p> <p>Directors of Heritage have undertaken the e-learning education on Te Tiriti, health equity and cultural safety provided by Manatū Hauora.</p> <p>Clutha Views holds contracts with Te Whatu Ora for age-related residential care (ARRC) services at rest home and hospital level, and secure dementia care, and short-term (respite) care. The service also holds a long-term support – chronic health conditions (LTS-CHC) contract. Clutha Views has a total capacity to provide support for up to 68 residents, with 49 dual purpose beds and 19 secure dementia beds. On the day of the audit, 14 residents were receiving rest home care, 22 residents were receiving hospital level care and 15 secure dementia care. No residents were receiving care under the LTS-CHC contract or the ARRC respite contract on the day of the audit. The facility had a total of 17 vacancies, four in the dementia unit, and the remaining 13 available for either rest home or hospital level 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. The care home and village manager (CHVM) and regional clinical advisor (RCA) understood the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. This includes 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. Relevant corrective actions were developed and implemented to address any shortfalls; these include ethnicity information to allow for any inequality to be identified and addressed. Progress against quality outcomes 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 incident forms reviewed showed these were fully completed, incidents were investigated, and action plans developed. Neurological observations had been documented for residents who had an unwitnessed or witnessed fall. Ethnicity information was collected and analysed as part of adverse event reporting.</p> <p>The CHVM and RCA understood and have complied with essential notification reporting requirements. Section 31 notifications to HealthCERT (Manatū Hauora) since the last audit including the notification for the change of CHVM. 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 of SAC1 and SAC2 incidents as well as pressure injury at stage 3 and above. Staff interviewed confirmed they had processes in place to do this should the need arise.</p> <p>The CHVM reported that there have been no police investigations, coroner's inquests, issues-based audits or employment disputes since the previous audit.</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</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels using a staffing matrix that determines staffing levels based on occupancy rates and</p>

<p>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>the support requirements of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. The clinical services manager (CSM) position at Clutha Views was vacant on the day of the audit, due to the CSM leaving in February. A recruitment process was underway and a preferred candidate with aged care experience identified, who will start in April. In the interim, the RCA was providing clinical oversight of the nursing team, until the new CSM commences in their role.</p> <p>Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. Staff reported that good access to advice was available when needed.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. A register of annual practicing certificates is maintained for nursing and other health professionals who are involved in the service.</p> <p>Continuing education for staff is planned on an annual basis, with a training matrix detailing mandatory training requirements for each role. Related competencies were assessed and supported equitable service delivery. Training records reviewed showed that not all staff had completed the required training and competency assessments, specific to their role. This area of improvement from the previous audit remains open (refer criterion 2.3.2). Staff felt well supported with development opportunities. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora. Review of staff records confirmed staff who work in the secure dementia care area have either completed or commenced the required dementia care training within an appropriate timeframe.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented, including evidence of qualifications and registration (where applicable).</p>

<p>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>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team works in partnership with the resident and their whānau to support wellbeing. Seven resident files were reviewed: one resident receiving rest home care, two receiving hospital level care, and four receiving dementia care in the secure unit. The files reviewed verified that a care plan is developed by a registered nurse following assessment, including consideration of the person's lived experience, and considers wider service integration, where required. Resident cultural and spiritual needs were assessed by the diversional therapist and physical needs were assessed by registered nurses, and both were documented in the care plan. Examples of specific cultural care plans for Māori and Pacific residents were sighted and resident interviews confirmed Māori residents were very happy with the care received, especially in relation to staff knowledge of tikanga. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the medical or nurse practitioner assessment met contractual and policy requirements. However, the sample of files reviewed confirmed that not all initial assessments, interim care plans, interRAI assessments and long-term care plans had been completed within the contractually required timeframes, and the corrective action raised at the last audit remains open. Refer criterion 3.2.1.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Short-term care plans were developed, if necessary, and examples were sighted for infections and wound care.</p> <p>Evaluation of care occurred daily, and needs and risk assessments were an ongoing process. Progress notes sighted evidenced registered nurses</p>

		<p>document changes in the resident's condition daily. The nurse practitioner interviewed stated nurses follow instructions for resident monitoring and this was consistently recorded, including the monitoring of fluid balance where appropriate. Falls management was documented and files reviewed confirmed neurological observations were completed following unwitnessed falls; the corrective action raised at the last audit under 3.2.4 is now closed.</p> <p>Regular six-monthly interRAI assessment had occurred in the files reviewed. However, the long-term care plan was not always updated in a timely manner to reflect the resident's current needs and interviews indicated that collaboration with the resident and their EPOA or whānau was not always occurring. Short-term care plans were not always evaluated and closed when the problem had resolved; refer criterion 3.2.5.</p> <p>The nurse practitioner interviewed stated the standard of care was satisfactory. Residents interviewed, including Māori, were happy with the care provided. Whānau and EPOA interviewed stated they would like more involvement in care planning and communication from staff when their family members need change; the corrective action raised at the last audit remains open, refer criterion 3.2.5.</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>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>	FA	<p>Residents in the dementia unit had their activity needs assessed and documented by the diversional therapist. This included a personal profile and completion of a leisure/activities plan which was individualised for each resident. In four of four files reviewed, a 24-hour care plan was documented that recorded the residents' previous lifestyle patterns and reflected the residents' daily routines. The corrective action raised at the last certification audit under criterion 3.3.1. is now closed.</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>	FA	<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>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>Medication reconciliation occurs. All medications sighted were within current use-by dates. 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, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. 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>No residents were self-administering medications at the time of audit. The registered nurse described how this would be facilitated and managed safely, should the need arise. Residents in the dementia unit do not self-administer 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 menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food preferences, dietary needs, intolerances, allergies and cultural preferences of those using the service. Evidence of resident satisfaction with meals was verified from residents and whānau interviews, satisfaction surveys and resident meeting minutes. Hot and cold drinks together with sandwiches and snacks are available 24 hours a day in the dementia unit.</p> <p>The service operates with an approved food safety plan and registration, with an expiry date of 21 February 2026.</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</p>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and EPOA/whānau. Risks and current support needs were identified and managed. Planning was documented in progress notes and on an aged care transfer form. Whānau reported being kept well informed during the transfer of their relative.</p>

<p>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>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>Building, plant and equipment were fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. This included a current Building Warrant of Fitness, and electrical and biomedical testing.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>In 2024, a partial provisional audit was undertaken when the dementia unit's capacity was increased by five beds. There was a corrective action from this audit as the code of compliance certificate had not been issued for the building works undertaken. The building works, code of compliance certificate and the producer statement were all sighted and the action is now closed.</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 and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>There have been no changes to the building since the previous audit. A previous area of improvement regarding call bell response times was reviewed as part of the onsite audit and remains open. Refer to criterion 4.2.5.</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</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC), who is a registered nurse, is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the Heritage governing body. The programme was linked to the quality improvement programme and was reviewed and reported on annually in</p>

<p>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>collaboration with the Heritage national lead for infection prevention. This was confirmed in interview with the IPCC and Heritage national lead for infection prevention and in review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Staff described ongoing education related to use of personal protective equipment (PPE), hand hygiene and infection precautions; education records showed 25 caregivers had completed the required education. The remainder were being followed up (refer criterion 2.3.2).</p> <p>Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme.</p> <p>Infection surveillance used standardised definitions. Monthly surveillance data included ethnicity, and was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were reported to governance and shared with staff.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	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.</p> <p>At the time of audit, there was no restraint in use, and this had been the case since the previous audit. One of the nurses has been appointed as the restraint coordinator for the facility and has received training relevant to this role. The restraint coordinator attends quarterly restraint meetings, which are led by a senior manager who has responsibility for ensuring that restraint elimination is being worked towards. Any use of restraint was reported to the</p>

		<p>governing body.</p> <p>Staff reported, and documentation evidenced, that not all staff had received training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions and de-escalation techniques, as required by the organisation training plan. This has been linked to the area of improvement raised relating to staff training (refer criterion 2.3.2).</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The area of improvement from the previous audit relating to the evaluation of restraints has been closed. The organisation has reviewed processes in place to guide practice, As the facility was restraint free at the time of the audit, it was not possible to evidence this, but the staff interviewed were aware of the process to evaluate restraint use.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>Heritage Lifecare has an annual training plan in place that details the training requirements for each staff role. On the day of the audit, there were 49 staff (including 14 casuals) who were employed in either nursing or caregiver roles to provide care and support for residents. A review of training records showed that:</p> <ul style="list-style-type: none"> • Ten out of 49 (20.4%) of these staff had completed calming and de-escalation training • Twelve out of 49 (24.5%) of these staff had completed cultural competency training • Fifteen out of 49 (30.6%) of these staff had completed abuse and neglect training 	<p>An annual training and competency plan is in place for staff, based on their role. Records show that not all staff have completed the training and competencies relevant to their role. While progress has been made on this previous corrective action, it remains open, and the risk rating has not been increased in recognition of the progress that has been made.</p>	<p>Ensure that all staff have completed the training and competencies that are relevant to their role as identified in the organisation training and competency plan.</p> <p>180 days</p>

		<ul style="list-style-type: none"> • Fourteen out of 49 (28.6%) of these staff had completed manual handling training • Twenty five out of 49 (51%) of these staff had completed Infection Prevention training <p>It is acknowledged that the service has been working to address gaps in required staff training and still has challenges around staff attendance and the availability of casual staff to complete training. The departure of the CSM in February who was coordinating the training programme, has left a gap until the new CSM commences in the role.</p>		
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Registered and enrolled nurses are responsible for assessments and care planning. Initial assessments are completed as part of the interim care plan. However, in seven files reviewed, two residents did not have an interim care plan and four had the interim care plan completed more than 12 days after admission. As a result, no care planning was available to guide non-regulated care staff.</p> <p>The interRAI assessment is completed once the resident is settled into the facility and known to staff. A long-term care plan is then developed based on</p>	<p>In six out of seven files reviewed, initial assessments and interim care planning were not completed in a timely manner on admission.</p> <p>Three out of seven files reviewed showed the interRAI assessment and long-term care plan were not completed within the contractually required timeframes on admission.</p>	<p>Ensure all residents have an initial assessment and interim care plan completed on admission and that all interRAI assessments and long-term care plans are completed within the contractually required timeframes.</p> <p>90 days</p>

		<p>the interRAI assessment findings. In the seven files reviewed, three resident interRAI assessments had not been completed within the 21 days contractually required, one resident admitted in November 2024 did not have a long-term care plan, and two long-term care plans were completed later than 21 days, and up to three months, after admission.</p>		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(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;</p> <p>(e) Ensure that, where progress is different from expected, the service</p>	<p>PA Moderate</p>	<p>Assessment was an ongoing process and files reviewed evidenced regular interRAI assessments being completed six-monthly. However, in four of seven files reviewed, the long-term care plan had not been evaluated or updated following the interRAI assessment. Progress notes documented when a resident's condition changed. However, the care plan was not always updated to reflect the resident's current needs; this included for a rest home resident who required assessment for a change in level of care and for two residents where the care plan did not include all protocols triggered in the interRAI assessment.</p> <p>Short-term care planning was in place for short-term problems such as infections of wounds. However, these were not always evaluated or closed once the problem had resolved; examples of this occurring were seen</p>	<p>Care planning was not always updated in collaboration with the resident or EPOA and whānau when their needs changed.</p> <p>Short-term care planning was not always evaluated and closed when the short-term need resolved.</p>	<p>Ensure that care planning is updated when a resident's needs change and that changes are initiated in collaboration with the resident or EPOA and whānau.</p> <p>Ensure that short-term care plans are evaluated and closed when the short-term need has resolved.</p> <p>90 days</p>

<p>provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>in all seven files reviewed.</p> <p>Residents and EPOA/whānau interviewed stated they had not had input into care planning, and when their needs changed the care plan was not updated in collaboration with them.</p>		
<p>Criterion 4.2.5 An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Moderate</p>	<p>A review of the February 2025 call bell log showed that there were 160 calls that took longer than seven minutes to answer. Five of the calls took over twenty minutes for staff to respond to, with the longest response time being 34 minutes. This corrective action from the previous audit remains open</p>	<p>An appropriate call bell system is available to summon assistance, but the monitoring of response times is not being undertaken to manage and reduce call bell response times.</p>	<p>Provide evidence that the regular review of call bell logs is occurring, and that this information is being used to reduce call bell wait times for residents to acceptable levels.</p> <p>90 days</p>

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.