

# Heritage Lifecare (GHG) Limited - Brookhaven

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## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Brookhaven

**Services audited:** Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 29 July 2025 End date: 29 July 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:** 72

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Brookhaven Rest Home (Brookhaven) is owned and operated by Heritage Lifecare (GHG) Limited. Brookhaven provides rest home-level care for up to 92 people, which includes 51 rest home beds, and 41 rest home-level dementia care beds. The dementia care beds are divided into two separate secure units of 27 beds and 14 beds respectively. There have been no changes to the service since the last audit.

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 Lifecare regional support team, managers, staff, and a general practitioner.

Strengths of the service included connections to the local community. There were no corrective actions requiring follow-up from the previous audit, and no areas requiring improvement were identified as a result of this audit.

## Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

Brookhaven 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 are provided with services that recognise their worldviews and are culturally safe.

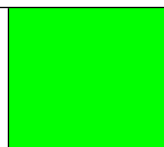
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The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

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible. Residents and whānau felt included when making decisions about care and treatment.

Complaints are 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.



Subsections applicable to this service fully attained.

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 is monitored and reviewed at planned intervals.

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

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

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

Staffing levels and skill mix meet 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 are 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

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

Subsections applicable to this service fully attained.


The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were based on comprehensive risk-based assessments and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

## **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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and 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 is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## **Here taratahi | Restraint and seclusion**

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

Subsections applicable to this service fully attained.

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

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

## Summary of attainment

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Subsection</b>	0	18	0	0	0	0	0
<b>Criteria</b>	0	49	0	0	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Subsection</b>	0	0	0	0	0
<b>Criteria</b>	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>Brookhaven Rest Home (Brookhaven) as part of Heritage Lifecare Limited has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Community partnerships have been established with Rehua Marae and the Purapura Whetu program. Heritage Lifecare Limited has a Māori Komiti which provides guidance to support service integration, planning, equity approaches, and support for Māori. There were Māori residents at the time of audit, and those interviewed felt culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Brookhaven Rest Home provide services that are underpinned by Pacific worldviews. A Pacific Health Plan is in place, which has been developed with input from cultural advisers. 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 people at the time of the audit. Staff reported, and documentation evidenced, that cultural training had been provided.</p> <p>Pacific people interviewed felt their worldview, and cultural and spiritual</p>

		beliefs were embraced.
<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>Heritage Lifecare (GHG) Limited and management at Brookhaven were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of 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 provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically 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 at Brookhaven 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, whānau and Enduring Power of Attorney (EPOA) interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission. Residents, whānau and EPOA interviewed reported that residents' property was respected and well cared for. Resident finances are protected, and staff do not handle residents' money.</p> <p>A code of conduct is in place for staff, and professional boundaries were maintained 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 with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to</p>	FA	<p>Residents and their legal representative are provided with the information necessary to make informed decisions. With the consent of the resident, whānau were included in decision-making. The residents, whānau and EPOA interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and whānau in the process.</p> <p>Advance care planning, establishing and documenting of EPOA requirements</p>

<p>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>and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the Brookhaven secure dementia units have a documented EPOA or welfare guardian on file that has been activated by an appropriate medical practitioner.</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>Policies and procedures were in place to receive and resolve complaints that led to improvements, and these met the requirements of 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 by having a te reo complaint form available, and through using hui and appropriate tikanga throughout the complaint management process as applicable.</p> <p>An electronic complaint register was maintained and recorded that five complaints had been 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 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</p>	<p>FA</p>	<p>The Heritage Lifecare Limited (HLL) governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific people in governance groups, honouring Te Tiriti o Waitangi, and being focused on improving outcomes for Māori, Pacific people and tāngata whaikaha. Heritage Lifecare Limited has a legal team who monitor changes to legislative and clinical requirements and have access to</p>

<p>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>domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pacific people and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare Limited 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 Lifecare has a strategic plan in place that 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 Brookhaven (sighted) included annual goals and quarterly reporting on progress to the Heritage senior leadership.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits, and 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 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 supports people to participate locally through resident</p>
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		<p>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 surveys were viewed, and information gathered from the results had been used to improve the service.</p> <p>Directors of Heritage Lifecare have undertaken the e-learning education on Te Tiriti, health equity and cultural safety provided by Manatū Hauora.</p> <p>Brookhaven holds contracts with Health New Zealand – Te Whatu Ora for age-related residential care (ARRC) services for rest home, secure dementia care, and short-term (respite) care. Brookhaven has a total capacity to provide support for up to 92 residents, with 51 rest home beds, and 41 secure dementia beds that are divided into two separate units. On the day of the audit, 42 residents were receiving rest home care, one person was receiving rest home-level respite care, and three rest home residents had been admitted to hospital and were not present on the day of the audit. There were 30 residents receiving secure dementia care support, and one person was receiving secure dementia respite care. The facility had a total of 15 vacancies: 10 in the secure dementia care areas, and five in the rest home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Quality goals have been set for the facility to work towards, with progress reviewed quarterly and reported on through the care home manager's reports.</p> <p>Residents, whānau and staff contribute to quality improvement through meetings, surveys, using suggestion boxes, or talking with the care home manager (CHM). The results of the care home customer survey, and the associated analysis, were reviewed. Corrective action plans had been put in place to address identified areas requiring improvement. Heritage Lifecare Limited's national staff satisfaction survey had just been completed, with results not yet available. The CHM reported that 92% of Brookhaven staff completed this survey.</p> <p>The 2025 internal audits schedule was sighted. Completed audits include cleaning, laundry, infection prevention, kitchen, meal satisfaction, care</p>

		<p>planning and the environment. Internal audit results were reported at the staff meetings, and health and safety meetings. These forums are used to review and evaluate progress against established quality outcomes. Where required, corrective action plans were developed, and evidence of these was sighted. Each corrective action plan included the area of focus, the improvement action required, the timeframe, and the person responsible. Once the corrective action plan had been fully completed, it was signed off by the CHM to document that the issue had been resolved.</p> <p>The service ensures staff deliver high-quality health care for Māori through, Te Tiriti and cultural safety training, the use of cultural assessments and care plans, and the involvement of the person and their whānau in how support should be provided.</p> <p>The CHM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks, and these were reviewed and discussed at staff meetings and at the health and safety meetings. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, 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 CHM and clinical services manager (CSM) understood and had complied with essential notification reporting requirements. The CHM reported that there had 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 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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool is used, and the facility adjusts staffing levels to meet the changing needs of residents. There is a registered nurse available during the day, six days a week, and at least one trained first aider on site 24/7. A review of the fortnightly rosters confirmed adequate staff cover, with any unplanned absences covered by the service's own casual or permanent staff. Residents' whānau and staff interviewed</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>confirmed there were sufficient staff available to complete required tasks.</p> <p>The service is managed by an experienced CHM with the support of the CSM, who is an experienced RN. Both managers are longstanding, having held these positions at Brookhaven for many years. The CHM and the CSM provide afterhours support as required, and staff reported that good access to advice is available when this is needed.</p> <p>The CHM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and annual practicing certificates (APCs) where required. The organisation's recruitment processes ensure that all these requirements are completed prior to a new employee commencing in their role. At the time of the audit, staff employment files were transitioning from being stored in paper-based folders to electronic records. The review of recruitment documentation and employees' files showed that good employment practices were in place and were being followed.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff hold Level 2, 3 and 4 New Zealand Qualification Authority (NZQA) education qualifications. Staff who work in the dementia units have completed or commenced the required dementia training to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Staff felt well supported with development opportunities.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide</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). Annual practicing certificates for employees and contractors were sighted and were current.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records</p>

<p>clinically and culturally safe, respectful, quality care and services.</p>		<p>reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Care plans include interventions to manage behaviours that challenge. All residents in the dementia units have a medical care guidance plan completed on admission. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Timeframes for the initial assessment, general practitioner assessment, initial care plan, long-term care plan, and review timeframes meet contractual and policy requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling of six residents, and from interviews of clinical staff, residents, whānau and EPOA.</p> <p>Short-term care plans are developed, if necessary. These included plans for infections, wounds, and behavioural challenges. These are reviewed weekly, or earlier if clinically indicated. 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. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>The general practitioner was interviewed and stated the standard of care was good and they had no concerns.</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</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 administered medicines were competent to perform the function they managed.</p>

<p>products. 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>Medications are supplied to Brookhaven by a contracted pharmacy. 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>Medication reconciliation occurs. 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 GP 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. This was confirmed in review of documentation and a resident interview.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the personal food preferences, any special diets, allergies and intolerances, and modified texture requirements of residents. Snacks, such as biscuits, fruit and sandwiches, and drinks, are available 24 hours a day in the dementia units.</p> <p>Resident satisfaction with meals is monitored through complaints, resident meetings, and an annual resident survey; these have identified a reduction in the level of satisfaction, and an improvement plan is being developed. At the time of audit, residents interviewed stated they were happy with the food received.</p> <p>The service operates with an approved food safety plan and registration.</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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during</p>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services, including current needs and any risks identified.</p> <p>Residents interviewed were very happy with communication and planning</p>

<p>their transition, transfer, and discharge. 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>related to transfers, and whānau interviewed reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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 are fit for purpose, inclusive of peoples' cultures, and comply with relevant legislation. This includes a current building warrant of fitness, electrical and biomedical testing, and hot water testing.  Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation  The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. 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 (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the Heritage Lifecare governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.  Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets 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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Standardised definitions are used, and surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body.</p> <p>A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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>At the time of audit, there was no restraint in use. Staff reported, and documentation evidenced, that staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.