

Heritage Lifecare Limited - Carter House

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:	Carter House
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: 12 August 2025 End date: 12 August 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:	61

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Carter House Lifecare is certified to provide residential care services for rest home, hospital, and dementia care for up to 65 residents. The service is owned and operated by Heritage Lifecare (BPA) Limited. Residents and whānau were complementary about the care provided. No changes have been made to the management or premises since the last (certification) audit.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, governance, managers, staff, a nurse practitioner, and a physiotherapist.

The facility is managed by an experienced manager supported by an experienced clinical services manager who has clinical oversight of the facility.

Areas requiring improvement identified in the previous (certification) audit related to care planning, aspects of the environment, and medication management have been addressed. No areas requiring improvement were identified during 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.

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

There were residents who identified as being from a Pacific community residing in Carter House Lifecare on the day of audit. Processes were in place to enable Pacific peoples to be provided with services that recognised their worldviews, and residents interviewed confirmed culturally safe care.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their whānau were kept well informed.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

When residents were admitted to Carter House Lifecare, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau have been developed.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and they were evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for.

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

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

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

Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and maintained. An extensive refurbishment plan is being implemented. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required.

External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities. There have been no changes to the building or evacuation planning since the previous audit.

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

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

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

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Carter House Lifecare maintains a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents in the service using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process, with regular reviews, was in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, alternative interventions to restraint, and requirements related to restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	50	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<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>Carter House Lifecare (Carter House) has policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination).</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. A Māori health plan has been developed with input from cultural advisors, and this is used for residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>The service identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity.</p> <p>The Pacific health plan in place utilises the Fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan has been developed with input from cultural advisers. Carter House has access to local Pacific communities, dependent on the Pacific nation ancestry of the resident. There were residents from</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>Pacific communities in the facility during the audit. They confirmed that culturally appropriate care was being delivered.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed at Carter House understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Formal training on the Code has been provided to staff in 2025.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Posters on the Code in English, te reo Māori and New Zealand Sign Language (NZSL) were on display in the facility. Brochures on the Code and the Health and Disability Advocacy Service were available in the front entranceway. Admission packs provided to all residents included information on the Code.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Carter House included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Staff understood the service's policies and procedures and knew what to do should there be any signs of behaviour that could negatively impact on residents and/or their whānau. Staff followed a code of conduct and understood the principles of maintaining professional boundaries.</p> <p>All interviews verified no episodes of abuse or neglect had been observed.</p> <p>Residents reported that their property was respected, and finances protected.</p> <p>Residents and whānau expressed satisfaction with the care provided by Carter House and described staff as pleasant and always willing to assist.</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</p>	<p>FA</p>	<p>Residents at Carter House and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and</p>

<p>choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.</p> <p>Advance care planning, establishing, and documenting of EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Files reviewed of residents in the secure unit had either an activated Enduring Power of Attorney, or a Protection of Personal and Property Rights (PPPR) document in place, and a specialist's authorisation for the resident requiring placement in a secure unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these meet the requirements of consumer rights legislation. Residents and whānau are informed of the complaints process on admission, and information relating to the complaints process is displayed in the facility, along with advocacy information.</p> <p>Residents and whānau interviewed understood their right to make a complaint and knew how to do so. The BCM advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or the use of te reo Māori, as applicable. A personalised approach is used to reflect the cultural needs of the specific resident, dependent on their iwi.</p> <p>Documentation sighted for four complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint.</p> <p>There have been no complaints received from external sources since the previous audit, but a (historic) coroner's enquiry remains open. The service has provided the information required in the timeframe set by the coroner.</p>
Subsection 2.1: Governance	FA	Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>advice. A strategic plan is in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021) in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Each facility has its own business plan for its particular services, and Carter House’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and is reviewed quarterly.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service reflects a person-/whānau-centred approach to care. The service is managed by a BCM who is experienced in aged care and has worked in the service for four years. The BCM is assisted by an experienced clinical services manager (CSM), who is a RN and responsible for the clinical services being provided at Carter House.</p> <p>Governance and the senior leadership team commit to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities, including Carter House. Internal data collection (e.g., adverse events, infections, audits, and complaints) is aggregated, and corrective actions (at facility and organisation level as applicable) conducted. Feedback is made to the clinical governance group and to the board.</p> <p>Ethnicity data is collected to support equitable service delivery. Equity for Māori, people from a Pacific community, and people with disabilities (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, complaints, and infection prevention and control). Carter House utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora) for age-related residential care (ARRC) services at rest home and hospital level, secure dementia care, long-term support - chronic health conditions (LTS-CHC), and short-term care (respice).</p> <p>Sixty-one (61) residents were receiving services at the time of audit. Eighteen residents were receiving rest home care, 26 hospital-level care (including three under LTS-CHC contracts) and 17 were receiving secure dementia care</p>
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		services. No residents were receiving care under the respite contract.
<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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds.</p> <p>The BCM and CSM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Relevant corrective actions are developed and implemented to address any shortfalls; these include ethnicity information to allow for any inequality to be identified and addressed. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, and action plans developed and followed up in a timely manner. Ethnicity information was collected and analysed as part of adverse event reporting. Eight adverse events were examined in detail; all were fully completed, with actions required to minimise these events recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plans of care. Neurological observations had been documented for residents who had an unwitnessed fall, or a witnessed fall with a witnessed blow to the head.</p> <p>The BCM and CSM understood and have complied with essential notification reporting requirements. There have been seven Section 31 notifications to HealthCert (at the Ministry of Health/Manatū Hauora) since the last audit related to fracture and resident behaviour. The service is aware of reporting requirements to the Health Quality & Safety Commission/Te Tāhū Hauora (Te Tāhū Hauora) for all Severity Assessment Code (SAC) reporting SAC1 and SAC2 incidents as well as pressure injury at stage 3 and above; six notifications has been made to Te Tāhū Hauora related to fractures following falls.</p>

<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Review of four weeks of rosters showed that staffing was sufficient to meet resident need. The facility continues to adjust staffing levels to meet the changing needs of residents; this was observed on the rosters sighted. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Care staff reported there were adequate staff to complete the work allocated to them; residents and whānau interviewed supported this.</p> <p>The service is managed by the BCM, supported by the CSM who a RN is. There are RNs on duty 24 hours per day/seven days per week (24/7), and there is a first aid certified staff member on duty 24/7. A diversional therapist (DT) is employed by the service to support the designated person in the secure dementia unit who provides resident activities. Job/role descriptions are in place for all positions; these specify the requirements for the position and key performance indicators (KPIs) to assess performance.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Records sighted showed that the programme had been delivered. Related competencies are assessed and documented, and support equitable service delivery.</p> <p>Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora. This includes care staff working in the secure dementia care unit who have either completed or commenced the dementia-specific modules. Ten staff work regularly in the secure dementia unit; eight have completed the required qualification and two have been enrolled in the programme within an appropriate timeframe. Eleven (11) other staff in the facility have qualifications to enable them to assist in the secure dementia unit, with a further four enrolled in the programme.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation, and include recruitment, selection, orientation, and staff training and development. There are job</p>

<p>diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint, infection prevention and control (IPC), or health and safety portfolio. Ethnicity data is recorded and used in line with health information standards. Staff information is secure, and accessible only to those authorised to use it.</p> <p>A sample of seven staff records were reviewed; all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Qualifications were validated prior to employment; thereafter, a register of annual practising certificates (APCs) is maintained for registered or enrolled health professionals.</p> <p>Orientation is comprehensive and covers the most essential components of the service (including safety competencies). Staff interviewed reported feeling supported during orientation and prepared to take on their role once the orientation was completed.</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they were involved in the performance appraisal process, they were able to set goals for themselves, and reaching these was supported by the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Carter House worked in partnership with the resident and their whānau to support the resident's wellbeing.</p> <p>Nine residents' files were reviewed: four hospital files, two rest home files and three secure unit files. These files included residents who identified as Māori, identified as being from a Pacific island, were receiving care under an LTS-CHC contract, had a number of co-morbidities, had swallowing difficulties, were a high falls risk, who had recently required admission to an acute facility, and who had an elevated risk of pressure injury.</p> <p>Files reviewed verified the RN documented a plan of care for the resident following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Assessments were based</p>

		<p>on a range of clinical assessments and included resident and whānau input (as applicable). A corrective action identified at the previous (certification) audit, whereby long-term care planning was not always completed within 21 days and was not based on the interRAI assessment, has been addressed. Timeframes for the initial and ongoing assessments, GP or nurse practitioner (NP) assessment, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, from interviews, including with the NP and the physiotherapist, and from observation.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including for residents with a disability.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy at Carter House was current and in line with the Medicines Care Guide for Residential Aged Care. The previous (certification) audit identified unsafe practice occurring by two RNs during medication administration. Morphine elixir for three residents was prepared in three syringes concurrently, the syringes contained different doses, were not labelled, and were taken collectively to the residents, leading to potential for error. Interviews and observations identified that this has been addressed. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders</p>

		<p>were not in use at Carter House.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Carter House was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in November 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 26 June 2024. Three areas requiring corrective action were identified and these had been addressed. The plan is due for re-audit in 18 months, on 28 November 2025.</p> <p>Food and fluids were available 24 hours a day in the secure dementia unit, and staff discussed making these available to residents who were unsettled.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and</p>	FA	<p>Transfer or discharge from Carter House is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred to an acute facility reported they were kept well informed throughout the process.</p>

<p>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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and maintained. A finding from a previous (certification) audit related to maintenance of the facility. An extensive refurbishment has taken place and this is being continued. The specific areas identified as requiring refurbishment at the previous (certification) audit have been addressed. There are processes in place to ensure the security of residents in the secure dementia unit and the secure garden area; residents have their own rooms, which are personalised.</p> <p>The building had a building warrant of fitness that expires on 28 November 2025. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; tempering valves are in place to address any variance.</p> <p>Residents and whānau interviewed reported that they 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</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme at Carter House were appropriate to the size and complexity of the service, had been approved by the governing body, linked to the quality improvement system, and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body. Two infection prevention nurses (IPNs), who are RNs, lead the process, with guidance from the CSM.</p> <p>Staff interviewed were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>

<p>Subsection 5.4: 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>Carter House undertook surveillance of infections appropriate to that recommended for long-term care facilities and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Data collected included ethnicity.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance data included ethnicity data. Results of the surveillance programme were reported to management and the governing body, and shared with staff.</p> <p>There had been no recent infection outbreaks at Carter House.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and Carter House is restraint-free. Restraint has not been used in the facility since 2020, and no restraint use was sighted during the audit. A restraint coordinator who is a RN has oversight of the restraint process.</p> <p>There are strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level, and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the 2024 and 2025 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). The RC has completed education relevant to the role.</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.

No data to display

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.