

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

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## Introduction

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

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

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

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

The specifics of this audit included:

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

**Premises audited:** Cargill Care Home & Village

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 5 February 2026 End date: 5 February 2026

**Proposed changes to current services (if any):** Proposed addition of Hospital Level – Medical and Hospital Level –Geriatric to the certificate. Conversion of 37 rest home beds to dual-purpose rest home/hospital beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 39



# 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.

## General overview of the audit

Cargill Care Home and Village (Cargill) is owned and operated by Heritage Lifecare (BPA) Limited (Heritage Lifecare) and currently provides rest home care for up to 40 residents. On the day of audit, 39 residents were residing at the facility. Since the last audit, a new care home and village manager was appointed, commencing in June 2025, and a new clinical services manager was appointed in May 2025. There have been no changes to the services offered.

The facility has requested to designate 37 beds as dual-purpose rest home-/ hospital-level beds. Three rooms will remain rest home only and the total capacity of the facility will remain unchanged at 40 beds. This change will allow the facility to meet the needs of the community for a growing number of hospital-level beds in the region and is supported by Health New Zealand – Te Whatu Ora (Te Whatu Ora). The provider has applied to HealthCERT for this change to be approved and for the addition of hospital level – geriatric and hospital level – medical services to be added to its certificate.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 to establish the level of preparedness of Cargill to make the proposed changes. The audit included review of documents

and records, interviews with a governance representative, management, staff and residents, and visual inspection of the Cargill facility. This audit found that the facility is appropriate to meet the needs of residents requiring hospital-level geriatric and medical care.

Two corrective actions raised at the last audit were reviewed. These related to care plan evaluation and update (criterion 3.2.5) and discharge planning (criterion 3.6.5). It was found that good progress had been made and the previous shortfalls have been addressed.

Two areas for improvement were identified during the audit process relating to the appointment of registered nurses to provide 24-hour cover, and orientation of staff on employment.

## **Ō tātou motika | Our rights**

Not Audited.

## **Hunga mahi me te hanganga | Workforce and structure**

Cargill is governed by Heritage Lifecare. The board of directors work with the manager at Cargill to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori.

Compliance with legislative, contractual and regulatory requirements is overseen by the Heritage Lifecare leadership team and governance group, with external advice sought as required. Heritage Lifecare has appointed a suitably qualified manager and there are appropriate clinical governance processes in place. 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 performance is monitored. There was a transitional staffing plan

in place to meet the needs of residents when the changes proposed are implemented. This included increasing the number of caregivers and registered nurses to continue providing safe care.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Care plan evaluation was occurring when required, and care plans had been updated in collaboration with residents and whānau when residents' needs changed.

Medicines are safely managed and administered by staff who are competent to do so. The medication management system in place was confirmed to be suitable for hospital-level residents.

Established food services are already in place at Cargill. The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed. The existing kitchen services will meet the needs of residents once the proposed changes are implemented.

Discharge planning was documented and included consideration of risks and communication with community providers.

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

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff and residents understood emergency and security arrangements. Call bells are in place and quality assurance processes confirmed staff response to call bells in a timely manner. Security is maintained.

The environment, room sizes, and equipment available were confirmed to be suitable for the changes proposed.

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

Heritage Lifecare ensures the safety of residents and staff at Cargill through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The programme is appropriate for the proposed changes. The clinical services manager and a registered nurse are responsible for overseeing the infection prevention programme, with reporting lines to regional management and governance.

The existing environment supports both the prevention of infections and the mitigation of their transmission. Policy is in place to support the consultation and involvement of IP personnel in building redesign and/or when changes are made to existing buildings.

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

The service maintains 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.

A comprehensive assessment, approval, monitoring process, with regular reviews would occur for any restraint used. Staff had received training in the least restrictive practice, de-escalation techniques, and alternative interventions.

## 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	12	0	2	0	0	0
Criteria	0	40	0	2	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The Heritage Lifecare governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pacific peoples in governance groups, honouring Te Tiriti o Waitangi, and being focused on improving outcomes for Māori, Pacific peoples, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The Heritage Lifecare strategic plan informs facility-based business plans and the plan for Cargill was reviewed. The changes proposed to redesignate 37 beds as dual-purpose and to add hospital level – medical and hospital level – geriatric services had been approved by the Heritage Lifecare senior management and governing body.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy and processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (e.g., adverse events, infections, internal audits and complaints) is aggregated, and corrective action, at facility and organisation level as applicable, actioned. Feedback is provided to the clinical governance group, which is appropriate to the size and complexity of the organisation, and to the board. Changes are</p>

		<p>made to business and/or the strategic plans as required.</p> <p>The facility is managed by a care home and village manager (CHVM) who is supported by a regional business manager (RBM), a regional clinical and quality manager (RCQM), and the Cargill clinical services manager (CSM). Position descriptions described the authority, accountability and responsibilities of each role. The CHVM and CSM confirmed knowledge of the sector, and regulatory and reporting requirements, and both maintain currency within the field through attendance at local and national education events.</p> <p>Cargill Lifecare holds contracts with Te Whatu Ora to provide age-related residential care (ARRC) and respite care at rest home level. The facility also holds contracts with Te What Ora to provide long-term support to residents with chronic health conditions and for short-term care funded by the Accident Compensation Corporation (ACC). At the time of audit, 39 of the 40 beds were occupied; 38 residents were receiving long-term rest home care under the ARRC contract, and one resident was funded by ACC. No residents were receiving respite care.</p> <p>The governance and leadership structure in place is appropriate for the changes proposed to the service.</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>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.</p> <p>The CHVM, CSM and RCQM understood and have complied with essential notification reporting requirements. In the last 12 months, there have been six Section 31 notifications made: three in relation to clinical events, one power outage, and notification of the change of CHVM and CSM. One notification made to the Health Safety &amp; Quality Commission (HSQC) related to a SAC 2 notifiable clinical event was sighted. All correct processes and follow-up had occurred.</p>

<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by the CHVM, supported by a CSM, who is an experienced registered nurse. Both were employed in 2025 and have been in their positions for eight and seven months respectively. They share on-call responsibilities to provide support for staff. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Staff and residents interviewed supported this. At least one staff member on duty holds a current first aid certificate. A documented staffing transition plan was in place and considered staffing requirements that would be adjusted as the number of hospital-level residents increased. However, the registered nurses required to provide 24/7 cover were not yet in position at Cargill; refer criterion 2.3.1.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Cargill is supported by the Heritage Lifecare Limited national education team. Continuing education is planned bi-annually following the Heritage Lifecare education plan and included mandatory training requirements. The plan is adjusted to meet the specific needs of the facility. Care staff have access to a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora.</p> <p>Education required to upskill existing staff to meet the needs of hospital-level residents has been identified and a comprehensive education plan was in place. Evidence was sighted that existing staff had completed the required competencies and education as detailed in the Heritage Lifecare education plan. This included competencies related to medication management, restraint and de-escalation, infection prevention and control, and culturally safe care.</p> <p>The staffing levels proposed and the education provided to staff are appropriate to meet the needs of hospital-level residents, for both geriatric and medical services, and are in line with the educational</p>
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		requirements of the ARRC contract.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<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 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 or infection prevention and control portfolio.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors, for example, the contracted pharmacist. These were sighted and were current.</p> <p>There was an induction and orientation package based on the Heritage Lifecare policies available for each role. However, evidence of completed orientation following employment could not always be evidenced; refer criterion 2.4.4.</p> <p>A sample of six staff records were reviewed, including the CSM, three registered nurses, one caregiver, and a cook, and evidenced implementation of the recruitment process, employment contracts, reference checking, and police vetting.</p> <p>There are processes in place to ensure the Cargill management and staff are supported when the proposed changes are implemented. Existing recruitment and orientation processes are appropriate to ensure staff providing care to hospital-level residents have the required qualifications, skills and knowledge.</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</p>	FA	<p>A corrective action process has been followed to address deficits identified at the last audit related to registered nurse progress notes and update of residents' care plans when their needs changed.</p> <p>A review of six resident files confirmed regular registered nurse progress notes were being entered into the electronic system.; this is</p>

<p>whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>		<p>tracked by the CSM to confirm this occurs, as required by policy and the provider's contract with Te Whatu Ora. The progress notes showed appropriate nursing input and a process of evaluation. Progress notes identified and documented changes in residents' needs.</p> <p>Short-term care planning was evident for short-term needs that arose and long-term care plans had been updated for residents with ongoing needs.</p> <p>One resident's file demonstrated consideration of a change in level of care needs and involvement of specialist services/needs assessment when Cargill was no longer able to provide the level of care required.</p> <p>Documentation confirmed resident and whānau involvement in the review process, and case conferences with whānau had occurred for two residents.</p> <p>The facility had taken appropriate steps to rectify the deficits found at the last audit and ongoing monitoring was in place to ensure the standard is maintained.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood 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>FA</p>	<p>The medication management policy was up to date 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.</p> <p>All staff responsible for administering medicines were appropriately trained, assessed as competent, and authorised to perform this function.</p> <p>Medicines, including controlled drugs, were stored securely in accordance with regulatory and policy requirements. Required stock checks had been completed as scheduled, and medicines were stored within the recommended temperature range, with monitoring records available. All medicines sighted during the audit were within current use-by dates.</p> <p>Prescribing practices meet requirements. Medication reconciliation occurs. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-</p>

		<p>monthly general or nurse practitioner review was consistently recorded on the medication chart.</p> <p>The medication management system in place is suitable for hospital-level services.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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 at Cargill is in line with recognised nutritional guidelines for older persons. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that expires on 31 August 2026.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, dietary needs, intolerances, allergies, modified texture requirements, and cultural preferences are accommodated in the daily meal plan.</p> <p>Evidence of resident satisfaction with meals was verified by resident interview. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>The kitchen staff had information available on special diets that may be required, and nursing staff confirmed that dietitian and speech language therapy input is available via referral for residents who have dietary needs or swallowing difficulties. The existing food service is appropriate to provide food services for hospital-level residents.</p>
<p><b>Subsection 3.6: Transition, transfer, and discharge</b></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.</p>	FA	<p>Residents are discharged home following admission for respite. The last audit identified deficits in discharge planning, including lack of documentation, and no evidence that primary care and community providers were informed of the residents' discharge home to ensure residents received the support they needed when they returned home.</p> <p>A corrective action process had been followed, and this deficit has been addressed. Resident files for two discharged residents were reviewed and confirmed that appropriate plans were in place, risks</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>were considered, and plans were documented.</p> <p>Communication with the resident's general practitioner, community pharmacy and needs assessment agency, physiotherapist and occupational therapist was sighted as appropriate. No recently discharged residents had been receiving home supports; the CSM described how they would communicate with home and community services should this be needed.</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>Cargill is an established residential care facility comprising 40 resident rooms. It is proposed to change the designation of 37 rooms to dual-purpose rest home/hospital level of care. Three rooms will remain rest home only and the total bed numbers will remain unchanged at 40 beds. Evidence of Te Whatu Ora support to redesignate 37 beds to enable hospital-level care was sighted.</p> <p>The building had a building warrant of fitness that expires on 13 December 2026.</p> <p>This audit has found the environment appropriate for the changes proposed. Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained, and that they meet legislative requirements. All rooms had external windows providing natural light and ventilation. Electric heating is provided in the facility, which can be adjusted depending on the season, outside temperature, and resident preferences.</p> <p>A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. The testing of electrical and biomedical equipment was confirmed to occur annually and was up to date. Monthly hot water tests were completed for resident areas; these were sighted and were all within required limits.</p> <p>All residents have a private room, and these had been personalised to each resident. Rooms were spacious and will allow for equipment usage for hospital-level residents. The environment was comfortable and accessible. Corridors have handrails promoting independence and</p>

		<p>safe mobility and minimising risk of harm.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. Extra equipment requirements needed to provide hospital-level care had been identified; this equipment had been purchased and was on site. This included both full hoists and standing hoists, shower chairs, hospital beds and pressure relieving equipment.</p> <p>There were adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors.</p> <p>There were courtyard and garden areas for resident use, with appropriate seating and shade. The lounge is used for residents' activities and there were quiet sitting areas available.</p> <p>The sluice rooms and sanitiser are appropriate for hospital-level residents.</p> <p>The 37 rooms identified were fit for purpose to provide hospital-level care. Lounge and dining facilities were spacious and will be sufficient to meet the needs of both rest home and hospital-level residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The CSM, all registered nurses, activities staff, and designated caregivers hold current first aid certification. There is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 11 August 2022, and an application had been submitted to Fire and Emergency New Zealand to determine if the change of purpose to allow hospital-level care would require changes to the plan. The requirements of the plan are reflected in the Cargill Fire and Emergency Management Scheme.</p> <p>A fire evacuation drill is held six-monthly; the most recent drill was on 23 September 2025, with the next drill booked for March 2026.</p>

		<p>Adequate supplies for use in the event of a civil defence emergency meet the emergency management recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells are available in all resident rooms, bathrooms, and communal areas to alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The current systems in place are appropriate for the proposed changes to include hospital-level care.</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>There is an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Heritage Lifecare governing body. The IP programme was last reviewed in December 2025 and reporting to governance had occurred.</p> <p>The CSM, who is a registered nurse, is the infection prevention and control resource nurse (IPCN). They are responsible for overseeing and implementing the infection prevention programme, with reporting lines to senior management and to the Heritage Lifecare RCQM and national infection prevention lead. The IPCN has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare national infection prevention lead has been sought when making decisions around procurement relevant to care delivery, and policies. The CSM confirmed they would be consulted over any changes to the facility.</p> <p>The infection prevention programme in place is suitable for the changes proposed.</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 aged care services offered, is appropriate to the size and complexity of the service, and is in line with risks and priorities defined in the infection prevention programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme are shared with staff and reported to the national infection prevention lead and Heritage Lifecare governing body.</p> <p>The Heritage Lifecare processes in place are followed at Cargill, and they are appropriate for the changes proposed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean, hygienic, and well-maintained environment at Cargill supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. The facility presented was clean, tidy, and homely throughout the audit, and created a comfortable and welcoming living environment for residents.</p> <p>Staff consistently followed documented policies and processes for the management of waste and infectious and hazardous substances. Material Safety Data Sheets (MSDS) were current and readily accessible to staff. Hazardous substances were securely stored and locked away in accordance with safety requirements. Chemicals were stored safely and in line with policy.</p> <p>Household staff follow documented policy and processes, and cleaning staff interviewed understood the requirements of the facility.</p> <p>The laundry is functional, with clearly defined clean and dirty zones. Staff demonstrated an understanding of correct laundry techniques, including the safe handling, segregation, and processing of soiled and infectious linen, as well as cultural requirements relating to laundry practices.</p> <p>Laundry and cleaning processes were regularly monitored for effectiveness, with recent audits completed on cleaning, laundry, and kitchen practices. The IPCN had oversight of the environmental testing</p>

		<p>and monitoring programme. Staff involved in cleaning and laundry duties had completed relevant training and were observed to carry out their roles safely and appropriately.</p> <p>Residents and whānau reported that the laundry was managed well and that the facility was kept clean, tidy, and pleasant to live in. They expressed satisfaction with their physical environment and described the home as comfortable and well cared for. These observations were confirmed by the auditor during site inspection.</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 Heritage Lifecare governance group demonstrates 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 elimination is achieved.</p> <p>The CSM reports to the senior leadership each month on the activities taken to ensure a restraint-free environment is maintained. The reporting includes staff training, incident reports, health and safety issues for health care and support staff, and any support provided to whānau to explore restraint-free alternatives when restraint is requested for a new admission or due to a change in health status. The RCQM confirmed that this monthly reporting assists the executive management team to closely monitor the move towards a restraint-free environment for the whole Heritage Lifecare group.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>Cargill is a restraint-free environment and has been so for many years, which was confirmed by the CHVM, CSM and other staff interviewed. No residents were using restraint at the time of audit.</p>



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Cargill had a documented staffing transition plan in place detailing the required staffing to provide hospital-level care. The plan identified how staffing would change as the numbers of residents requiring hospital-level care increased. However, recruitment had not yet occurred and registered nurses were not yet available to provide 24/7 registered nurse cover as required by contract for hospital-level care.</p>	<p>The required registered nurse numbers to provide 24/7 registered nurse cover were not yet in place at the facility.</p>	<p>Ensure that registered nurses are employed at Cargill and rostered to provide 24/7 registered nurse cover.</p> <p>Prior to occupancy</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Heritage Lifecare has developed orientation packages specific to each role that cover all required elements for a successful orientation.</p> <p>However, the files reviewed could not evidence this was consistently completed following employment.</p>	<p>In four of six files reviewed, there was no evidence of a completed orientation.</p>	<p>Ensure all staff complete an orientation package as detailed in Heritage Lifecare policy.</p> <p>180 days</p>



## 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.

No data to display
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End of the report.