

Heritage Lifecare (GHG) Limited - Hoon Hay

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Heritage Lifecare (GHG) Limited
Premises audited:	Hoon Hay
Services audited:	Dementia care; Residential disability services - Psychiatric
Dates of audit:	Start date: 22 August 2022 End date: 23 August 2022
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:	59

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 tatou 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
	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
	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

Hoon Hay Village provides support services for up to 60 people in the dementia rest home care unit and up to 20 people in a residential service – psychiatric unit. There have been several changes of facility manager since the last audit. A new manager has just commenced and is being orientated by an interim manager on a temporary contract.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a consumer advisor and a general practitioner.

Improvements are required in relation to the clinical internal audit system in the dementia rest home area. There were no corrective actions from the previous audit that required follow-up.

Ō tatou 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.
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Māori staff are available to assist residents who identify as Māori to be provided with equitable and effective services and the principles of mana motuhake.

A Pacific plan is about to be developed. Pasifika people are provided with culturally safe services.

Information about how to make a complaint is provided to residents and whānau at the time of admission and is available in both services. Complaints are resolved effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk
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The governing body assumes accountability for delivering a high-quality service. This includes board members having expertise in Te Tiriti o Waitangi and cultural safety and reducing barriers to improve outcomes for Māori and people with disabilities.

Performance reports go through various channels up to the governance board at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. 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 service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. Training opportunities for staff according to role descriptions are identified and facilitated. Related competencies for safe service delivery are completed.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.
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When residents enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

Hoon Hay Village works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

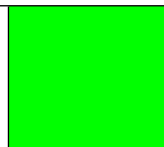
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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 2 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.

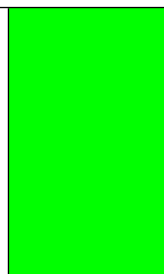
Hoon Hay Village is divided into units for dementia rest home care. The residential mental health service is in a separate wing of an attached building. All areas are well maintained and meet the respective needs of the residents. There is a current building warrant of fitness, and equipment and safety checks are being completed.

Emergency and fire safety systems are in place. Staff are trained in emergency procedures and participate in regular fire drills.

Dementia service units are secure and there is a range of security monitoring systems. Security is maintained.

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

Includes 5 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.



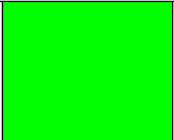
Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service.

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

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There are no restraints used in this facility. This is supported by the governing body and policies and procedures. Staff demonstrated a sound knowledge and understanding of providing 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	1	0	0	0
Criteria	0	34	0	1	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not Applicable	<p>Staff who identify as, or who have strong links with tangata whenua have been identified and have been asked to support the employment of other Māori people. The Golden Healthcare Group plans to develop a strategy, in consultation with the Māori cultural advisor, that will encourage additional staff who identify as Māori to be employed across various organisational roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>There is not currently a Pacific plan that has been designed in partnership with Pacific communities and underpinned by Pacific voices and Pacific models of care. The service provider is aware of the need for a Pacific Plan. The quality assurance manager informed that a contact who has strong links to the Pacific community has agreed to support the Golden Healthcare Group to meet this requirement. Pasifika staff have been identified.</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>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>Not Applicable</p>	<p>Staff interviewed understood that all residents and whānau had the right to self-determination. A Māori cultural advisor is available to the facility and resources are available to guide staff. However, not all staff understood the concept of Māori mana Motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>Not Applicable</p>	<p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage is being introduced in parts of the facility and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>Staff have undertaken Te Tiriti o Waitangi training; however, there is not currently a system in place that confirms the level at which the principles are reflected in day-to-day service delivery.</p> <p>The service responds to the needs of individual residents including with disabilities and ways to enable participation in te ao Māori are being considered. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>Not Applicable</p>	<p>The staff are multicultural and those interviewed stated they felt comfortable to question any racism they encountered. However, not all staff understood the concept of institutional racism.</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>Care provision is holistic encompassing the pillars of 'Te Whare Tapa Whā' and is based on the identified strengths of residents. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the assessment and care planning process six monthly to ensure the needs of residents are met.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>Not Applicable</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving whānau in the process. Cultural resources are available and cultural training has been provided. However, the service has yet to make best practice tikanga guidelines available to staff.</p> <p>Advance directives, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the dementia units have a documented enduring power of attorney 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>Residents are informed of their right to make a complaint and how to do this when they enter the service. Written information is available in the information pack and the admitting nurse provides the information verbally. Further updates are provided during residents' meetings and reminders given when something does not go right. Staff interviewed were aware of how to assist residents and /or their whānau to make a complaint. Copies of the complaint process and forms were available near the front entrance. The complaint register confirmed that verbal concerns have been acknowledged and followed up. The mental health service manager and the dementia care manager is each responsible for following up on complaints from the service they are responsible for and for analysing any patterns in their respective area. There are two complaint registers.</p>

		<p>Both managers believe the Code of Health and Disability Services Consumers' Rights (the Code) and the complaint system work equitably for Māori. Copies of the Code are available in both English and te reo in brochures provided to residents, and on posters displayed in the facility. The manager confirmed that a cultural advisor is available if necessary, such as if a Māori person makes a complaint and described the importance of including whānau.</p> <p>Other than concerns raised by the district health board that are noted under sub-section 2.1, there have been no complaints from external services.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Hoon Hay Village is managed by the Heritage Lifecare Golden Healthcare Group Limited. Golden Healthcare Group operates as a subsidiary of Heritage Lifecare and therefore governed by the Heritage Lifecare governance board. Golden Healthcare's general manager confirmed during interview that reports are presented to the chief executive of Heritage Lifecare, who is responsible for escalating these to the governing body. Examples of ways in which the governing body of Heritage Lifecare assumes accountability for delivering high-quality service are via:</p> <ul style="list-style-type: none"> • the development and implementation of systems that will enable the service providers to know at what level they have improved outcomes and achieved equity for Māori. Managers informed there is no discrimination of services for Māori versus non-Māori, although in the mental health service there is a social worker designated to ensuring the needs of Māori residents there are met. A copy of Te Tiriti o Waitangi is on display. • ongoing reviews of the services intended to improve outcomes and achieve equity for tāngata whaikaha people with disabilities. This is especially evident in the monthly reports on the residential services – psychiatric that are presented from the manager of this service to the general manager of Golden Healthcare Group who reviews them and forwards them to the head of residential care, Heritage Lifecare. The chief executive subsequently updates the board of governance.

		<ul style="list-style-type: none"> • the development and implementation of systems that will enable the service providers, including Golden Health Group, to identify and implement systems that address barriers to equitable service delivery. <p>Copies of certificates confirmed governance board members have expertise in Te Tiriti, health equity and cultural safety.</p> <p>An example of a Golden Healthcare Group report to Heritage Lifecare showed adequate information to monitor performance is reported.</p> <p>Both the temporary facility manager, and the incoming one, confirmed knowledge of the sector, regulatory and reporting requirements. They have had extensive experience in the health and aged care sectors, are appropriately qualified and are undertaking ongoing relevant professional development.</p> <p>At the time of audit, 59 rest home dementia care residents, one of whom was receiving respite care, were being funded under the aged related residential care (ARRC) agreement. One other person was under mental health funding. The seventeen residents in the residential service – psychiatric were funded via a long-term residential care contract for mental health services. Both of these contracts were via the Canterbury District Health Board (CDHB). On the day of audit two other people from the mental health service were not in residence and have not been included.</p> <p>An enquiry from the CDHB regarding an incident at the service earlier in the year was followed up as requested. Resident safety and dignity had been taken into consideration and appropriate follow-up actions were taken.</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</p>	PA Low	<p>Hoon Hay Village uses the Golden Healthcare Group's planned quality and risk system, which reflects the principles of continuous quality improvement. This includes organisation wide policies and procedures, the management of complaints, internal audit activities including three monthly facility health checks, health and safety reviews, regular resident satisfaction surveys, monitoring against key performance indicators, reporting and review of accidents and</p>

<p>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>incidents, and monitoring of clinical events such as infections or any restraint use. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>A corrective action has been raised in relation to breakdowns within the clinical internal audit system, specifically.</p> <p>Residents, whānau and staffs contribution to quality improvement occurs through survey participation, involvement in resident, whānau and staff meetings, reporting issues of concern, use of policies and procedures and staff attendance at education/training.</p> <p>The quality assurance manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety and clinical risks, and development of mitigation strategies. Items on the risk register are reviewed at pre-determined timeframes with a formal review of all occurring once a year. These are reported through the quality management system.</p> <p>Both the temporary and incoming managers understood essential notification reporting requirements and examples of these having been completed were viewed.</p> <p>A cultural screening tool has been introduced into both the mental health and dementia services and there is an increased awareness of the needs of Māori within the services at Hoon Hay. There is not currently a specific mechanism by which the service provider can measure the level of health care specifically for Māori.</p> <p>There are aspects of organisational practices that are being analysed. However, the organisation has yet to develop a system by which it can confirm that its organisation practices have improved health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>FA</p>	<p>A rostering policy describes the processes for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7) in both the mental health</p>

<p>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>service and the dementia care areas. The managers are responsible for the rosters in each respective area. Staffing levels are adjusted according to the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them, although there have been some challenging times due to staff shortages and the number of new staff. They spoke of staff working as a team, of changing shifts, working longer shifts and working extra shifts to accommodate gaps in the roster at times. Nursing bureau staff are used when necessary. Staff shortages have been creatively managed in both the mental health and dementia service areas and where relevant registered nurse shortages have been reported to the Ministry of Health via Section 31 notification forms. At least one staff member on duty has a current first aid certificate and this is identifiable on the roster. Similarly, the staff with a current medication competency are identifiable. With neither service having full occupancy, there was no evidence in the four weeks of roster reviewed that staffing levels had been unsafe, albeit that several of the short shifts had not been able to be filled.</p> <p>Related health / support worker competencies to support equitable service delivery have been identified according to staff position descriptions. These are listed and their achievement is integrated into the staff training records. Reviews and assessments of these are recorded and were sighted. Requirements for those in the mental health service differ from those in the dementia service.</p> <p>Continuing education is planned on a biennial/annual basis and includes mandatory training requirements. Staff education opportunities are varied, include in-service education, self-learning tools, web-based programmes and external courses. In the dementia service, care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Staff working in the dementia care area have all either completed or are enrolled in the required education, including new staff. The achievement of a minimum of level two is a condition of employment in this area. Similarly specific training for those in residential services – psychiatric has been provided. Records reviewed demonstrated completion of the required training and competency assessments, where applicable in</p>
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		<p>both services.</p> <p>Managers informed that with so few residents or staff organisation-wide, who identify as Māori, it has not been possible to establish systems for the collection and sharing of high-quality Māori health information. The development of organisational and health care and support worker health equity expertise is also a work in progress.</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 clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A folder containing current health professional qualifications, currency of registration and scope of practice was reviewed. Qualifications of all staff are validated prior to employment.</p> <p>A sample of staff records reviewed confirmed the organisation's human resource policies are being consistently implemented and that all staff had completed an induction/orientation programme. Staff information is checked via interviews, reference and police checks for example. These records are recognised as being confidential and are held securely. Ethnicity data is being collected and recorded but has yet to be used in accordance with Health Information Standards Organisation (HISO) requirements as it is not being analysed and used in a purposeful manner.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	Not Applicable	<p>Residents are admitted to the dementia unit when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Residents are admitted to the mental health unit following assessment by the Residential Options Group (ROG). It is rare to decline entry to either unit.</p> <p>Related data is documented. However, ethnicity data is not collected prior to admission. The service does not yet analyse entry and decline data for Māori and is taking steps to achieve this.</p> <p>The service has a contracted Māori cultural advisor to guide staff and</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>there are resources available. There are currently no residents who have requested the services of a Māori health practitioner or traditional Māori healer. The service is working to establish links to enable this to occur when needed.</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, including medical nursing and allied health input, works 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 considers wider service integration, where required.</p> <p>Clinical assessments including for falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. InterRAI assessments are completed within three weeks of admission in the dementia unit and at a minimum of six monthly thereafter. Care planning details strategies required to maintain and promote independence, wellbeing and where appropriate, resident involvement in the community. Care plans include interventions to manage behaviours that challenge. All residents in the dementia unit have a medical care guidance plan completed on admission. Cultural needs are identified for residents during the assessment process. However, for residents in the dementia unit, not all residents have support planned to meet their identified cultural needs, refer 3.2.3.</p> <p>Assessments in the mental health unit include an assessment of activities of daily living (ADL) needs in addition to a mental health assessment. These assessments together with an assessment of medical conditions inform care planning which includes an ADL ability and support plan, a mental health goal and support plan and a relapse prevention plan. In addition, a separate care plan is created for those residents with medical conditions requiring support. A key worker is identified and documented for each mental health resident. Mental health residents have six monthly multidisciplinary (MDT) team review meetings to evaluate care and an annual support planning and review (SPAR) meeting by ROG to monitor appropriateness of placement. The resident and whānau are included in this process.</p>

		<p>Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Resident and whanau input occurs at all stages of assessment, care planning and evaluation of care.</p> <p>Short term care plans are developed, if necessary, in both dementia and mental health units. This included plans for infections, wounds and falls prevention. These are reviewed weekly or earlier if clinically indicated. Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>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, including for residents with a disability.</p> <p>This was verified by sampling residents' records, from interviews, including with the GP and a mental health consumer advisor, and from observations.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>Not Applicable</p>	<p>A trained diversional therapist supported by an activities coordinator provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>A personal profile and recreational activities assessment identify individual resident's interests and consider the person's identity, beliefs and culture. A 24 hour DT plan and individual summary identifies each residents needs in the dementia unit, including for Māori residents. Caregivers assist with activities when the activity team is not present.</p> <p>In Hoon Hay House mental health unit residents are encouraged to go out independently in addition to planned group trips, several examples of this occurring on the day of audit were sighted and residents interviewed described trips to the library and to the shops. Each</p>

		<p>resident has an individual timetable of their routine including activities.</p> <p>Individual and group activities reflected residents' goals and interest, and ordinary patterns of life. Involvement in normal community activities has been reduced during the Covid-19 pandemic and the activities coordinator has considered ways to ensure residents remain connected. This has included activities planned for Matariki and Waitangi Day within the facility. Plans to celebrate Māori Language week are underway. Opportunities for Māori and whānau to participate in te ao Māori were discussed and the activities coordinator gave an example of welcoming a new resident with Waiata and Karakia. The activities team are considering further ways to connect Māori residents more fully with te ao Māori.</p> <p>Staff are not currently involved in community activities for Māori and are considering how the workforce can become involved.</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 is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including those requiring refrigeration. Medicines were stored within the recommended temperature range.</p> <p>No controlled drugs were held on site at the time of audit. This was verified in a review of the controlled drug register. Staff were able to describe the processes to be followed should controlled drugs be required and review of the register confirmed the required stock checks occur when needed.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly</p>

		<p>GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medication is not used at the facility facilitated. However, staff were able to describe how this would be managed safely should the need arise.</p> <p>Residents and their whānau, are supported to understand their medications. The registered nurse discussed including whānau in decision making. Partnerships with local Māori providers are being developed with the support of a cultural advisor to support Māori residents who wish to access traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>Not Applicable</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>Cultural protocols around food are followed including the laundering of kitchen and food related items separately.</p> <p>Residents in Hoon Hay House mental health unit were preparing their own lunch on the day of audit and were happy to have the opportunity to cook for themselves.</p> <p>Māori interviewed were happy with the food. However, the service is still exploring adding add menu items that are culturally specific to te ao Māori.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<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. Escorts are provided as needed.</p> <p>Whānau interviewed reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building warrants of fitness are on display in both the dementia care and mental health units expire 20 April 2023. Maintenance schedules are being upheld, hot water temperatures are checked monthly and are safe, testing and tagging of electrical equipment is up to date and checks of biomedical equipment are current.</p> <p>Residents' rooms and communal areas reflect the person's personalities and culture. The managers informed that a process of displaying hand-washing instructions in te reo and naming key rooms such as the kitchen and bathrooms in both te reo and Pasifika languages has commenced. There are no plans for adding any new buildings, but the managers informed that if this was to happen, they would consult the cultural advisor for advice and direction to ensure the new buildings reflected the aspirations and identity of Māori.</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</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The New Zealand Fire Service (dated 5 April 2011) has approved the fire evacuation plan. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management</p>

<p>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>Agency recommendations for the region.</p> <p>Appropriate security arrangements are in place. There are key codes on doors in the secure dementia area, but not in the mental health service. Windows have security latches, the front door auto locks at night, external doors are alarmed at night and there is internal and external security lighting. Security cameras are strategically positioned and appropriate signage in place. There is an audio-recording system in the hallway of the mental health service area. Residents were familiar with emergency and security arrangements including audio and camera surveillance systems.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme. A suite of policies has been developed by a contracted IP specialist. This includes an outbreak management plan and a procedure for testing the plan. The plan is yet to be tested using this procedure but was used during a recent Covid-19 outbreak and was found to be satisfactory. There are sufficient resources available including personal protective equipment (PPE).</p> <p>Cultural resources including some IP resources in te reo Māori are available to staff.</p> <p>The service has engaged with a Māori cultural advisor and is exploring ways to work in partnership with Māori to ensure culturally safe practice related to IP.</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>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance now includes the collection of ethnicity data. Results of the surveillance programme are shared with staff.</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>There are clear processes for communication between service providers and residents. Residents interviewed were happy with the communication from staff in relation to healthcare acquired infections.</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>The Golden Healthcare Group is committed to maintaining a restraint free environment in its facilities. De-escalation and distraction techniques are promoted. There is good restraint minimisation education with reports of senior caregivers advising newer staff if there is a potential breach of the expectations. No restraints were in use at the time of audit and there has been no known restraint use in this facility in the seven years the quality assurance manager has been associated with it.</p> <p>Restraint use is a heading in the reports that are provided to Heritage Lifecare executive management via the facility manager and the general manager. Managers informed any restraint use would need to be approved first and would only be a last resort. The senior registered nurse is responsible for the oversight of restraint management should this be required. A role description is available.</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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>The overall internal audit system is being implemented according to an annual schedule. Internal audits of clinical systems are undertaken by an on-site registered nurse with corrective actions forwarded to a clinical manager responsible for several facilities. The dementia service and the mental health service each do their own. Some of the clinical audit records for the dementia services were blank, there were examples of corrective actions that had not been developed and other examples where they had not been signed off within the required timeframe. These breakdowns in the system are compromising the potential contribution of clinical internal audits to improving service delivery and care.</p>	<p>The processes and outcomes of internal audits of clinical processes are not being followed through, thus compromising their potential contribution towards improving service delivery and care.</p>	<p>Internal audits of clinical systems and practices within the quality and risk system are used to improve service delivery and care.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.