

# Heritage Lifecare Limited - Edith Cavell Lifecare

---

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Heritage Lifecare Limited

**Premises audited:** Edith Cavell Lifecare

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

**Dates of audit:** Start date: 29 January 2024      End date: 30 January 2024

**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:** 53

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Edith Cavell Lifecare provides rest home and hospital level care for up to 59 residents. The service is operated by Heritage Lifecare Limited (HLL) and managed by a care home manager (CHM) and a clinical service manager (CSM). While there has been a change in both the care home manager and the clinical service manager since the last audit, they both have experience within the aged care sector.

This certification audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, family members, members of the governance group, managers and staff.

Three areas requiring improvement were identified during this certification audit. These related to staff training and competencies records, performance reviews, and the facility's quality outcomes.

Strengths of the service include the physical environment and the location of the facility, length of service of many of the employees, the activity team and programme, and the loyalty the staff have to the residents they support.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Organisational and facility-based systems are in place to ensure Māori and Pasifika world views of health in service delivery would be supported for any Māori or Pasifika residents and their whānau. A goal of the service is to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed.

Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner.

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope and goals for the organisation are defined, and performance of these is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau 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 National Adverse Events Reporting Policy is followed with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

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

Subsections applicable to this service fully attained.

The facility 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 and provide shade and seating, and meet the needs of residents.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

<p>Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

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. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment is clean, well maintained and supports prevention and mitigation of transmission of infections. With support from external contractors, waste and hazardous substances are well managed. Laundry services are managed internally and are effective.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
---	--	--

Heritage Lifecare is committed to a restraint-free environment in all its facilities. The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Organisational policies and procedures support this strategy. Documentation confirmed that restraint information is presented to, and discussed by, the board.

There were no residents at Edith Cavell Lifecare who were using restraints at the time of audit. A comprehensive restraint assessment, approval and monitoring process is in place if a restraint was to be used. 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	24	0	3	0	0	0
Criteria	0	165	0	3	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>	<p>FA</p>	<p>Heritage Lifecare (HLL) has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>Heritage Lifecare engages with an internal Māori Network Komiti to support Māori initiatives within the organisation. The Māori Network Komiti is a group of Māori employees. The Komiti has a mandate to further assist the organisation in relation to its Te Tiriti obligations. The Māori Network Komiti has a kaupapa Māori structure and involves people from the clinical leadership group, clinical service managers, site managers, registered nurses, and other care workers. The group provides information through the clinical governance structure to the board, and the HLL cultural advisor attends board meetings.</p> <p>In addition to the cultural support available within HLL, Edith Cavell has established links with local kaumātua, the Ngā Hau e Whā National Marae, and Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha) cultural advisors, who can provide cultural support and guidance as required.</p>

		<p>The staff recruitment policy is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. There is a diversity and inclusion policy in place that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL's drive for staff to have a beneficial experience when working in the service. Education on Te Tiriti o Waitangi, Māori health and wellbeing, tikanga practices and te reo Māori is part of the HLL education programme and has been delivered in 2023. The education is geared to assist staff to understand the key elements of service provision for Māori, including mana motuhake and providing equity in care services.</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 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>FA</p>	<p>The HLL response to Pasifika works on the same principles as Māori. A Pacific peoples health plan is in place, which has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use for Pacific peoples. Engagement with Pasifika communities is being assisted by HLL at site level.</p> <p>HLL understood the equity issues faced by Pacific peoples and is able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team identify as Pasifika. They can assist the board to meet their Ngā Paerewa obligations to Pacific peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters in te reo Māori and English around the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are available in both languages.</p> <p>Interviews with visitors, the nurse practitioner (NP), and the facility physiotherapist, who visits weekly, confirmed staff are respectful and considerate of residents' rights in line with the Code, including the involvement of independent advocacy when required. This was confirmed by observation during the audit.</p>

		<p>Regular resident meetings provide the opportunity for residents to express their preferences with respect to areas such as food and activities. Whānau engagement is supported and encouraged, both with respect to visits to the facility and where possible taking family members out for short periods.</p> <p>There were no Māori residents at the facility during the audit, but the facility management acknowledged that they respect and uphold Māori autonomy and mana motuhake when they have Māori residents.</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>FA</p>	<p>The facility supports residents in a way that is inclusive and respects residents' identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>All staff working at Edith Cavell Lifecare are educated in Te Tiriti o Waitangi and cultural safety and although there were no residents identifying as Māori on the day of the audit, when discussed with the CSM, staff understood what Te Tiriti o Waitangi means to their practice. Māori words and language are utilised on signage and posters, such as the activities programme, throughout the facility. The facility management acknowledged that when they have Māori residents they respect and uphold Māori autonomy, language, and mana motuhake.</p> <p>Examination of the clinical notes indicated that staff are aware of how to act on residents' advance directives, personal wishes and also how to maximise independence wherever possible. Residents verified that they are supported to do what is important to them, and this was observed during the audit and during the document review where care plans are individualised. Residents have personalised activities that they can enjoy in the privacy of their own rooms, including listening to music and sewing.</p> <p>Staff maintain and respect residents' privacy. All residents have a private room and staff knocked and waited for a response before</p>

		entering.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Edith Cavell Lifecare included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. There was no evidence of any form of abuse having occurred at this facility.</p> <p>A holistic model of health is promoted at Edith Cavell Lifecare with an individualised approach that aims to achieve the best outcomes for all. Staff sign a code of conduct when they commence with the service and those staff interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Staff understood what Te Tiriti o Waitangi means to their practice.</p> <p>Policies and procedures are in place that focus on abolishing institutional racism, and there is a determination to address racism should it arise. Staff interviewed stated that they felt comfortable raising any issues with management should they arise.</p> <p>Nine residents and five family members interviewed expressed satisfaction with the services provided by Edith Cavell Lifecare and stressed that the staff were caring and respectful to their loved ones. They reported that their property is respected and that professional boundaries are maintained at all times.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	FA	<p>Residents and their family/whānau at Edith Cavell Lifecare reported that communication is open and effective, and they felt listened to. All residents and family interviewed said they were comfortable raising concerns with staff and management.</p> <p>Information is provided to residents at monthly resident meetings and in a regular newsletter, where they can discuss areas such as food provided and the choice of activities available to residents.</p> <p>Changes to residents' health status were communicated to</p>

<p>their choices.</p>		<p>residents and their families/whānau in a timely manner. This was confirmed both by residents' families and the NP, and by review of the documentation. Incident reports evidence family/whānau were informed of any events or incidents. Documentation supported family/whānau or Enduring Power of Attorney (EPOA) contact and that contact with outside agencies has occurred when needed. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p> <p>Edith Cavell Lifecare has access to interpreter services and cultural advisors/advocates when required.</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>FA</p>	<p>Residents and/or their legal representatives are provided with the information necessary to make informed decisions. Residents and whānau felt empowered to actively participate in decision-making and they are provided with the necessary information on which to base their decisions. The nursing and care staff observed understood the principles and practice of informed consent and of individual preference, whether it be how they take their medications, where they eat their meals or the timing and extent of personal cares.</p> <p>Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>When required, the activated Enduring Power of Attorney (EPOA) was included in discussion and decision-making alongside the resident in question.</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>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. Complaints are considered to include any dissatisfaction or concern someone</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>raises. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Information on the complaint process was provided to residents and their whānau on admission. A complaints box and complaint forms were available in the reception area and were available in both English and te reo Māori. Documentation sighted showed that there had been one complaint received so far this year, and three complaints were received in 2023.</p> <p>Four complaints were reviewed, and all had been raised by whānau. Two related to feedback about cleaning and two related to feedback around resident care. In each case the complaint was entered into the complaint register, which included details of the complaint management process. Records showed that each complaint was managed in line with organisational policies, and a comprehensive and timely complaint process is in place. Learnings from complaints are discussed with staff at handovers and at staff meetings. There were no open complaints on the day of the audit. There have been no complaints received from any external sources, including funders and the Health and Disability Commissioner's office over the past year.</p> <p>All complaints were recorded in the HLL quality reporting, which includes analysis and benchmarking with other HLL facilities. Ethnicity data is recorded as part of the complaint reporting process to ensure the equity of the complaint management process.</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 highquality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and has access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity. Ethnicity data is collected to support equitable service delivery.</p> <p>Each facility has its own business plan for its services. Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (eg, adverse events, infections, audits, and complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and the strategic plans as required.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL, they look for the 'right people in the right place' and aim to keep them in place for a longer period to promote stability. They also use feedback from cultural advisers, including the Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>HLL support people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being</p>
---	---



		<p>supported. Results of both are used to improve services.</p> <p>Directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora.</p> <p>Edith Cavell Lifecare can provide support for up to 59 residents. Eleven of the rooms are care suites and are covered by occupational rights agreements. On the day of the audit 53 residents were being supported at the facility. The service holds contracts with Te Whatu Ora Waitaha for rest home, hospital, and respite care. Fifty residents were receiving services under these contracts on the day of the audit, with 27 residents receiving rest home care, and 23 residents receiving hospital level care. The residents receiving hospital level care included one young physically disabled person and one person receiving respite care.</p> <p>On the day of the audit there were three private paying boarders being supported at Edith Cavell Lifecare, two rooms were vacant, and four of the care suites were being refurbished.</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>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of hazards, accidents, and incidents (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Quality group meetings are held bi-monthly, which include representatives from all areas of the facility. Quality outcomes at the facility level have not been set, so it is not possible for the facility to evaluate progress against quality outcomes as required by the standard; this is identified as an area of improvement under criterion 2.2.3. Quality data is communicated and discussed, and this was confirmed from minutes reviewed, and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan guides care for Māori. Staff have received education in relation to</p>

		<p>care of Māori, Pasifika and tāngata whaikaha.</p> <p>Edith Cavell Lifecare supports residents to contribute to quality improvement by participation through local residents' meetings and satisfaction surveys. Feedback from these showed that there is a high level of satisfaction of the care and support being provided to residents, issues raised by residents were quickly addressed, and actions communicated with residents.</p> <p>Feedback from interviews with staff was that they felt well supported to provide a high standard of care and support to the residents. They were involved in the quality management system and were kept informed of quality initiatives and quality improvements. Results from the internal audit programme and the satisfaction surveys were used to improve services outcomes.</p> <p>The CHM understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Separate electronic systems are in place for the recording and management of resident and staff incidents. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner.</p> <p>Both the CHM and the CSM understood and complied with essential notification reporting requirements. Section 31 notifications are completed by the regional manager – clinical support, with six completed over the past year, four relating to pressure areas, and one each for changes of the CHM and CSM roles.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally</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). Staff work a fixed two-week roster, which is managed by the CHM. Gaps in the roster are managed by using staff employed as casuals, permanent staff</p>

<p>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>picking up additional shifts, or by using bureau which occurs infrequently. The facility adjusts staffing levels to meet the changing needs or number of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and the facility has 24/7 RN coverage.</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>Continuing education is planned on an annual basis, including mandatory training and competency requirements. Training has been delivered in accordance with the training plan, with additional training provided to address identified training gaps. From interviews with managers and staff there are processes to ensure that staff competencies are assessed, to support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. There is no system in place to record the learning and development training and competency assessments for health care and support staff. This makes it difficult to track and identify the currency of training and competency assessments, which is identified as an area for improvement under criterion 2.3.4.</p> <p>High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>After three month's service, care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Waitaha. Many care staff interviewed had completed multiple NZQA qualifications or were being supported to complete these. Staff expressed their appreciation for the training opportunities and support provided to them by HLL.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace by both</p>
---	--

		<p>the CHM, the CSM, and the wider staff team. Staff were aware that they could also access a confidential employee assistance programme (EAP) should they require it.</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>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are position descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Role descriptions for the restraint coordinator (RC) and infection prevention coordinator (IPC) are in place and signed.</p> <p>A sample of 10 staff records were reviewed and these evidenced the implementation of a comprehensive recruitment process including employment contracts, reference checking, police vetting, and completed induction and orientation processes. Staff reported that the induction and orientation programme prepared them well for the role.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors.</p> <p>Not all staff had had the opportunity for their performance to be reviewed and discussed at regular intervals, in line with the requirements of the standard. This was confirmed through documentation sighted and from staff interviews and is identified as an area of improvement under criterion 2.4.5.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed the opportunity for debrief and support, including the use of the EAP that is available to them.</p>

<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Edith Cavell Lifecare maintains records that comply with relevant legislation, health information standards and professional guidelines. Residents' notes and documentation are stored in an electronic resident information management system. Staff have individual passwords to access the electronic system with permission granted as per their role requirements. Archived records were securely stored. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review in the facility. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection including ethnicity data.</p> <p>Edith Cavell Lifecare is not responsible for National Health Index registration of people receiving services.</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 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>FA</p>	<p>Residents are welcomed into Edith Cavell Lifecare when they have been assessed and their level of care requirements confirmed by the local Needs Assessment and Service Coordination (NASC) agency. The accepting or declining of residents is based on availability of appropriate rooms at the service level required and clinical safety. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual requirements.</p> <p>No residents identifying as Māori were at the facility at the time of the audit. However, the facility has processes in place to identify admission and decline rates for Māori and non-Māori. Māori health workers at Te Whatu Ora and non-government organisations are available to provide support for Māori considering entry into the facility.</p> <p>Although a resident is rarely declined entry, the decision is based on clinical safety and the availability of a room at the appropriate level of care, and there are processes in place for communicating</p>

		the decision to the person and/or whānau.
<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>	FA	<p>In all the clinical files reviewed, a care plan was developed by an RN following an assessment, including consideration of the person’s lived experience and their individual cultural needs, values, and beliefs. The care plan also considers wider service integration, such as physiotherapy, occupational therapy, or dietitian input where required. Assessments are based on a range of clinical assessments and include resident and their family/whānau input. Timeframes for the initial assessment, NP and GP input, initial care plan, long-term care plan, and review/evaluation time frames met contractual requirements in the files reviewed.</p> <p>Short-term care plans were instigated within an appropriate time frame and were followed and updated by care staff in the files reviewed, and then closed or transferred onto the long-term care plan as required.</p> <p>Although there were no Māori residents at the facility at the time of the audit, the CSM and staff are aware of the importance of providing person-centred care that considers Māori constructs of oranga and which values and supports the goals and holistic focus of pae ora for Māori and their whānau. The governing body at organisational level assumes accountability for delivering a high-quality service for tāngata whaikaha through the inclusion of Māori in governance groups and honouring Te Tiriti o Waitangi.</p> <p>The NP and GP from two different medical practices, each visit weekly or as required for residents of clinical concern. The NP interviewed confirmed that, every week they are given a list of residents to review. When the NP or GP are not at the facility, issues can be discussed by telephone or email and medications can be changed or added remotely on the electronic medication system either by them or by the dedicated after-hours service. The facility also receives clinical support when requested, from the Nurse Maude Palliative Care Nurses and the Te Whatu Ora Gerontology Nurse Specialists in Christchurch.</p>

<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  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>FA</p>	<p>An activities team of three people that is present seven days a week provides planned activities and entertainment for the residents. The programmes supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Where able, residents were enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person’s identity. Individual and group activities reflected residents’ goals and interests as confirmed by a newly arrived resident who was interviewed. The programmes included exercise classes and visits out on the facility minibus. Musical entertainment is a regular part of the activities programme as is a visit by a pet therapy dog.</p> <p>Independence is encouraged when appropriate and safe. One resident interviewed talked of how they enjoyed being able to walk on their own down to the sea front. At the time of the audit, the facility was planning to take some residents on the minibus at the weekend to visit the Commonwealth Games exhibition in Christchurch.</p> <p>There were no Māori residents at the time of the audit, but staff explained that when there were they were supported to participate in te reo Māori and to value and encourage their individual cultural needs as appropriate.</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>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP and NP were recorded in the review of 16 medication charts.</p> <p>There is space for documenting residents’ allergies and sensitivities on the medication chart and in the resident’s record and these were</p>

	<p>all completed appropriately in the charts reviewed. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures were checked daily, and medication room temperatures were monitored weekly. Medications were stored securely in a locked room in accordance with requirements.</p> <p>Controlled drugs were also stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of the required weekly and six-monthly stock checks and accurate entries. Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. During the audit there were three residents that self-administered their medications. Appropriate assessments and documentation for self-administering are recorded in the residents' electronic notes and the medications were stored appropriately in line with guidelines.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes were discussed with them and with either the NP, GP or the RN on duty. Interviews with RNs confirmed that where over-the-counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their whānau. The management of any specific medical condition was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p>
--	---



		<p>Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their family/whānau.</p> <p>Documented evidence was seen of individual cultural needs being respected and supported when discussing and prescribing medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Edith Cavell Lifecare is in line with recognised nutritional guidelines for older people. The menu is reviewed by a qualified dietitian at an organisational level and any recommendations made at that time had been implemented. The kitchen manager and the sighted menu verified that menu options available included options that are nutritional, sound, and varied and which can be adapted for specific cultural needs.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with a Ministry of Primary Industry (MPI) approved multi-site food verification plan and registration (sighted). Discussion was maintained with management about improving access to those freezers which were outside of the immediate kitchen area.</p> <p>Each resident has a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, food allergies and modified texture requirements are accommodated in the daily meal plan and are readily available for kitchen staff to refer to. All residents have opportunities to request meals of their choice and the kitchen will address this. The kitchen prepares culturally specific foods for those residents who request them. Food intolerances and specific diets were clearly documented so that all kitchen staff are aware. Food is prepared on site and delivered to residents in a safe and hygienic manner.</p> <p>Interviews, observations, and documentation verified residents are largely satisfied with the meals provided. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p>

		Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided by staff in a respectful and supportive way that was not rushed. Fluids are regularly provided for residents both in the resident lounges and in their rooms.
<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>	FA	Transfer or discharge from Edith Cavell Lifecare is planned and managed safely to cover current needs and to mitigate risk whilst ensuring that residents receive the care they require. The plan is developed with coordination between services and in collaboration with the resident and their family/whānau. This included the transfer of documentation such as interRAI assessments and clinical information as appropriate, whilst maintaining resident confidentiality and privacy. Whānau reported being kept well informed during the transfer of their relatives. When required and practical, staff or family members travel with residents being transferred. Cultural support is also accessed when required.
<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>	FA	<p>Edith Cavill Lifecare is a 59-bed facility, leased by Heritage Lifecare Limited. The terms of the commercial lease outline the maintenance and repair responsibilities of Edith Cavell the tenant. A maintenance person is employed to provide day-to-day maintenance support, and to oversee contractors working onsite. Gardeners employed by Golden Healthcare Group, a subsidiary of HLL, maintain the outdoor garden areas.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Maintenance requests are completed electronically and prioritised by the maintenance person. Staff confirmed that maintenance requests were addressed promptly. A planned maintenance schedule included electrical testing and tagging, residents' equipment checks, calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for</p>

		<p>resident areas; these were sighted and were all within acceptable limits. At the time of the audit four care suites were being renovated, with external contractors onsite to complete this work. The HLL property manager visits the site each month.</p> <p>The building had a current warrant of fitness, with an expiry date of 1 December 2024, which was on display adjacent to the reception area. There were no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. The building is a split-level design, with residents using a ramp or a lift to move between levels. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There is a shared dining room, two lounge areas, and several other private seating areas for residents, including some outside. Lounge areas are used for activities for the residents.</p> <p>Each resident's room has its own ensuite bathroom containing a toilet and shower. There are separate toilets available for staff and visitors. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light, with safety catches for security. Corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids during the audit. The facility is heated using electric ceiling heaters and heat pumps, and also has a gas fire in the lounge.</p> <p>Residents and their whānau who were interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for 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>FA</p>	<p>Disaster, pandemic, and civil defence plans and policies direct the facility in its preparation for dealing with such challenges. Flipcharts are available throughout the building to guide staff if an emergency</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>was to arise. These describe the procedures to be followed as well as the duties required by staff (eg, as fire wardens). Staff have been trained in fire and emergency management and those interviewed knew what to do in an emergency.</p> <p>The fire evacuation plan was in place, which was approved by Fire and Emergency New Zealand (FENZ). The plan requires cell evacuation and six-monthly fire evacuation drills to be completed. Records showed that the last fire evacuation drill was on 22 November 2023 and no issues were encountered. Fire protection systems are checked and serviced monthly by external contractors.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. In the event of a power outage there is a barbecue available for cooking, and a gas fire for heating. In addition to stored water, a large header tank is available which will provide water via the facility's taps. A civil defence kit is maintained on site and is checked each month. Emergency management is included in staff orientation and as part of the ongoing education plan. A minimum of one person certified in first aid is on shift at any time.</p> <p>Call bells alert staff to residents requiring assistance; these are present in all rooms, bathrooms, and communal facilities. Call bells were checked as part of the facility's internal audit programme. Residents and whānau interviewed reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements were in place. The building is secured after hours and staff complete security checks at night. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Waitaha.</p> <p>Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity data.</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>An experienced RN at Edith Cavell Lifecare is also the infection prevention and control coordinator. This person is responsible for overseeing and implementing the infection prevention and control programme with reporting lines through to senior management and the governance group, via the regional manager.</p> <p>The facility's infection prevention and control coordinator 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 infection control committee at national level has been sought when making decisions around procurement relevant to care delivery, and policies.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Consultation with tāngata whenua has occurred at senior management and corporate levels to ensure infection prevention and control policies, procedures and practices are culturally safe. Working in partnership on this issue acknowledges the spirit of Te Tiriti o Waitangi. Educational resources are available in te reo Māori for residents when required.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. This was observed during the audit with respect to a resident that was in a period of isolation due to having a potentially transmissible infection.</p>

		<p>Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials with the intention of optimising antimicrobial use and minimising harm within the organisation and facility. It was developed using evidence-based antimicrobial prescribing guidance and relevant expertise and has been approved by the governance body. It is reviewed yearly, and the programme is appropriate for the size, scope, and complexity of the service, both at the facility and organisational levels.</p> <p>Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained, and shared with the regional manager clinical support, who escalates them through the organisation, as well as the local pharmacy who provide guidance and advice as required. The monthly analysis of data included antibiotic usage and identified areas for improvement. Advice on antibiotic use at the facility was available from the nurse practitioner and the local pharmacy.</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-</p>	FA	<p>Surveillance of infections within Edith Cavell Lifecare is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention and control programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p>

<p>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>Monthly surveillance data is collated and analysed to identify any trends including those relating to ethnicity, possible causative factors, and action plans are implemented. The regional manager clinical support, in consultation with the CSM/infection control coordinator, oversees the surveillance of infections. Data from the facility is graphed and recommended follow-ups are made, which are shared with staff and residents and family as applicable. Data shared with residents and their family is anonymised. Infections being monitored include those of the urinary tract, respiratory tract, wound and skin, and COVID-19. The facility has linked its infection surveillance data with ethnicity data.</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 and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness by the CHM and the CSM/infection control coordinator, via the internal audit system and ongoing observations by management. Staff involved have completed relevant training, described safe practices during interviews and were observed to carry out duties safely. Chemicals were stored securely. All housekeeping practices were described within documentation that is readily available.</p> <p>Laundry is undertaken on-site. Residents and whānau reported that the laundry was managed well, and there were no specific concerns related to residents' laundry identified in the residents' satisfaction survey. The laundry area was reportedly kept clean and tidy, which was confirmed through observations. There were clearly demarcated clean and dirty areas within the laundry.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities. Edith Cavell Lifecare has been restraint free for many years. The board clinical governance committee is responsible for</p>

<p>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>the HLL restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint is discussed at board clinical governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Policies and procedures are in place which meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the clinical services manager who would provide support and oversight should restraint be required in the future. There was a job description that outlines the role, and the RC has had specific education around restraint and its use. The CHM has completed restraint education and all staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education programme, which includes annual restraint training and competency assessment.</p> <p>Restraint use is identified as part of the quality programme and is an agenda item at the bi-monthly quality meetings. At these meetings, the RC, in consultation with the multidisciplinary team, would be responsible for discussing and deciding if a restraint request should be approved. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process. Restraint would be used only as a last resort and when all other strategies had been ineffective.</p> <p>The RC maintains a restraint register, which is reviewed monthly. Strategies to be used to prevent restraint being required is documented in the residents' individualised care plan. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>Heritage Lifecare has an established quality framework in place across the organisation. At Edith Cavell Lifecare a quality group has been established, which meets every two months and consists of representatives from each section of the facility. There is an internal audit programme in place, with results discussed at the quality meeting and the staff meeting, and corrective action plans developed to address areas of improvement. There have been no quality outcomes set for the facility to work towards as part of the quality improvement process. Therefore it is not possible for the facility to measure quality improvement against their quality outcomes.</p>	<p>The organisation has a quality framework in place, but there is no evidence that quality outcomes have been set for the facility, and therefore the service is unable to evaluate progress against these quality outcomes as required by the standard.</p>	<p>For the facility to identify and set quality outcomes for the service as part of their quality improvement framework, and then evaluate progress against these quality outcomes.</p> <p>180 days</p>

<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Low</p>	<p>The review of records showed that staff training and competencies are being completed in line with the organisation's training plan. Training records and competencies were being recorded in different places, by different people, using different systems. This made it difficult to review the information, or to have visibility that each training and competency requirement was completed and current. The introduction of a streamlined system to record the completion of training and competency requirements of staff is required. This would assist with the planning, scheduling and visibility of training and competency achievements, including identifying training or competency gaps, and when each employee's training and competency requirements are due to be repeated.</p>	<p>The standard requires that there is a system in place to identify, plan, facilitate and record ongoing learning development for staff. While there is a training and competency plan in place, there is no system to record which staff have completed or not completed the required training and competences relevant to their role.</p>	<p>To implement a system to record the training and competencies of staff.</p> <p>180 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	<p>PA Low</p>	<p>From the review of staff files it was evident that not all staff have had opportunities to discuss and review their performance over the past year. While it is acknowledged that efforts have been made to complete appraisals in recent months, this had not yet occurred for some staff, with no recent appraisal on their file. New employees have a three-month review with their manager which is the final part of their orientation process. While new staff reported that this has occurred, the section for recording this in the employee's orientation record was</p>	<p>Not all employees have had the opportunity to discuss and review their performance at regular intervals as required by the standard.</p>	<p>Ensure employee appraisals are completed within expected timeframes.</p> <p>180 days</p>

		not always complete.		
--	--	----------------------	--	--

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.