

Heritage Lifecare Limited - St Joseph's 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 BSI Group New Zealand Ltd, 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: St Joseph's Lifecare

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

Dates of audit: Start date: 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: 82

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
	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

St Joseph's Lifecare is part of Heritage Lifecare Limited since April 2023. St Joseph's Lifecare is a spacious, purpose-built facility located in Wellington and provides hospital (geriatric and medical), rest home and dementia level of care for up to 87 residents. There were 82 residents on the day of audit. Heritage Lifecare Limited is an experienced aged care provider and there are procedures and responsibilities for the safe management of residents at all levels of care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand - Capital, Coast and Hutt Valley. The audit process included the review of policies and procedures, residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The care home manager role is vacant. An experienced clinical services manager has been in the role for three months and is supported by the regional manager, acting in the interim as the care home manager. They are supported by a regional quality manager. The residents and family/whānau interviewed spoke positively about the care and support provided.

There are quality systems and processes in place. An orientation and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver clinical and cultural safe care.

This certification audit identified shortfalls relating to informed consent; complaints management; care plan timeframes; interventions and monitoring; medication management; and maintenance.

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.		Some subsections applicable to this service partially attained and of low risk.
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St Joseph`s Lifecare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The staff and management listen and respect the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints are actively managed and documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Heritage Lifecare has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business plans 2023 and 2024 informs the site-specific operational objectives which are reviewed on a regular basis. St Joseph`s Lifecare has a documented quality and risk management system. Quality and risk performance is

reported across various meetings and to the organisation's management team. St Joseph's Lifecare collates clinical indicator data and benchmarking occurs.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligns with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses are responsible for the assessment care planning and care plan reviews. The general practitioner conducts regular reviews. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is overseen by a diversional therapist. The activity team, and programme provide residents with a variety of individual, group activities and maintains their links with the community. The dementia unit's activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. There are snacks available 24/7.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The building holds a current Building warrant of fitness until 28 February 2024. There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures, and appropriate pest control management. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Bedrooms are all single with some that have own ensuites or shared facilities. There are communal shower rooms with privacy locks. Rooms are personalised. The dementia unit is secure.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19.

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

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

Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented, overseen by an infection prevention nurse and meets the needs of the organisation and provides information and resources to inform the service providers. Infection control education is provided to all staff and documentation evidenced this was part of staff orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Benchmarking occurs. Antimicrobial usage is monitored and reported on.

A robust pandemic and outbreak management plan is in place. The internal audit system monitors for a safe environment. There were two outbreaks reported since last audit.

Documented processes are in place for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

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 has a documented commitment to eliminate restraint in all their facilities. Safe restraint practice is guided by policies and procedures are in place. Restraint practices is overseen by the restraint coordinator. At the time of the audit, there were three residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the quality, staff, and clinical meetings. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.

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	2	0	0
Criteria	0	169	0	3	4	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>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. St Joseph's Lifecare is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and is documented in the resident care plan where required. There are clear processes to include tikanga in everyday practice. Staff received training in cultural competency.</p> <p>At the time of the audit there were Māori staff members. St Joseph's Lifecare evidence commitment to a culturally diverse workforce, as evidenced in the business plan, Māori health plan and the Diversity and Inclusion policy.</p> <p>Heritage Lifecare Limited (HLL) organisational strategic planning documents includes partnering with Māori, government, and other businesses to align their work with and for the benefit of Māori, as evidenced in the Kaupapa Māori strategic plan. There are documented and established linkages with several Māori providers and Kokiri Marae. There is a Māori Network Komiti that assist the organisation's obligations in relation to Te Tiriti. A Māori health plan has been developed with cultural advisors and is used for residents</p>

		who identify as Māori. Residents and family/whānau are involved in providing input into the resident's care planning, their activities and their dietary needs.
<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>	FA	<p>The Pacific Peoples Health Plan is the basis of St Joseph's Lifecare to ensure active participation by Pacific Island People at all levels of their health, decision-making, planning, development, and delivery of services and that they are consistent with the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025.</p> <p>On admission, all residents state their ethnicity. St Joseph's Lifecare has links with the Pacific providers to ensure connectivity within the region. At the time of the audit, there were staff that identify as Pasifika.</p> <p>Interviews with 15 staff (six caregivers, four registered nurses (RN), two activities coordinators, one laundry assistant, one kitchen site manager, one cleaner) and three managers (clinical services manager [CSM], regional quality manager [RQM], regional manager [RM]) and documentation reviewed identified that the service provides person centred care.</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>	FA	<p>Details of the Code are included in the information that is provided to new residents and their family/whānau. The CSM and/or care home manager (CHM) [currently vacant] discuss aspects of the Code with residents and their family/whānau on admission. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the quarterly resident advocacy meetings. Interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability. Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the spirituality policy.</p> <p>The service recognises Māori mana motuhake and this is reflected in</p>

		<p>the Māori health care plan that is in place. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services.</p> <p>Advocacy services do not always link to the complaints process (link 1.8.3). Nine residents (seven rest home and two hospital) and nine family/whānau (four dementia, five hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</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>Caregivers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. St Joseph's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff to understand the key elements of self-determination and providing equity in care services. It was observed that residents are treated with dignity and respect. The annual 'consumer engagement' survey results for 2023 and interviews with family/whānau confirmed that residents and family/whānau are treated with respect.</p> <p>A sexual safety policy is in place, with training provided as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were two married couples in the facility at the time of the audit. One married couple did not have documented interventions for staff to follow to support and respect their time together (link 3.2.3). Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being</p>

		<p>considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans.</p> <p>Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. It was observed that te reo Māori is actively promoted in the workplace. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, equitable healthcare, and cultural competency. The activities coordinators confirmed that the service is actively supporting Māori by identifying needs and aspirations through a cultural assessment process.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An elder abuse and neglect policy is being implemented. St Joseph's Lifecare policies prevent any form of discrimination and acknowledge the impact of institutional racism on Māori wellbeing. Cultural days are held to celebrate diversity. The management of misconduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct. Staff complete education during orientation and annually as per the training plan on code of conduct, code of ethics, workplace bullying, harassment and discrimination, and professional boundaries. Staff interviewed understand the concept of institutional racism and received cultural awareness training to identify and recognise bias. Staff are supported to provide feedback through the annual staff engagement survey. Outcomes reviewed evidence a supportive team environment.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are</p>

		<p>completed as part of the pre-employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions and the maintaining professional boundaries policy. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Meeting minutes and staff engagement results evidence a supportive working environment that promotes teamwork. St Joseph's Lifecare promotes a holistic Te Whare Tapa Whā model of health, which encompasses an individualised, strength-based approach to ensure the best outcomes for all residents.</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.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>An information pack is provided to residents and family/whānau on admission. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident; communication is also documented in the progress notes. Resident files reviewed identified family/whānau are kept informed of any changes; this was confirmed through the interviews with family/whānau. Interpreter contact details are documented and available to staff. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora –specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services; however, the general informed consent form was not always placed on individual files (link 1.7.1). The CSM described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further</p>

		discussion, if required. Residents and family/whānau interviewed confirm they know what is happening within the facility through emails, and resident and resident advocate meetings.
<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>	PA Low	<p>There is a residents code of rights policy which includes informed consent, that aligns with Right 7 Whakaritenga mōu ake (choice and consent) and an informed consent policy. General consent forms (include release of medical information, travel/outings, photographs, medication management, medical review/examination and tests and management of comfort funds) were signed either by the resident or the activated enduring power of attorney (EPOA) for three residents' files reviewed; seven residents files did not have the document available/or uploaded to their file. Separate consent forms for Covid-19 and flu vaccinations were also on file for all residents, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice.</p> <p>The organisational advance directive policy has been implemented. There are advance care plans clearly documented to assist in planning the resident's ceiling of care and wishes. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated, and all associated documentation was evident in resident files where appropriate.</p> <p>The service follows relevant best practice tikanga guidelines, as evidenced in the informed consent policy and Māori health plan in one resident file reviewed. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</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</p>	PA Low	<p>There is a documented concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service. The village manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register. Documentation including</p>

<p>their care and support. 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>follow-up letters and resolution demonstrates that complaints are being managed in accordance with timeframes reflected by Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register.</p> <p>There have been 11 complaints logged in the register since April 2023. All complaints reviewed included acknowledgement, investigation, follow up and replies to the complainant. All but two complaints were closed off. The two complaints are investigated with assistance from the support office. The complaints register evidences trends in food services and care delivery. St Joseph`s Lifecare is supported by HLL with an operational plan to improve the food services; however, there was not always evidence that resolution letters provide other avenues of raising the complaint, should the complainant not be satisfied. There were no complaints from external agencies. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident, resident advocate and family/whānau meetings are held where concerns can be raised. Family/whānau confirm during interview that management are available to listen to concerns and acts promptly on issues raised. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The regional manager acknowledged their understanding that Māori prefer face-to-face communication and to include whānau participation in the complaints process.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>St Joseph`s Lifecare is owned and operated by Heritage Lifecare Limited (HLL) and overseen by a Board of Directors and executive</p>

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>team. The facility is certified to provide rest home, hospital level (geriatric and medical) and dementia care for up to 87 residents. On the days of audit there were 82 residents. All 71-rest home and hospital beds are dual-purpose beds. There are 16 beds in the secure dementia unit. All rooms were single occupancy.</p> <p>On the day of audit there were 38 rest home residents (including two on Accident Compensation Corporation [ACC] and two on respite care) and 29 hospital residents, including one hospital resident on individual funding (IF). There were 15 residents in the St Vianney (dementia) unit. All other residents were under the aged related residential care agreement (ARRC).</p> <p>Heritage Lifecare Limited is an experienced aged care provider and has a well-established organisational structure. The role of the Board is to provide leadership, strategic guidance and oversight of management for the company. The Board derives its authority to act from the Board charter. Directors have undertaken education on Te Tiriti, health equity and cultural safety. The Māori Network Komiti assists with the implementation of models of care and assist facilities to connect with their local Māori, Pasifika and tāngata whaikaha communities. The Kaupapa Māori Strategy is part of Heritage Lifecare strategic plan. The Māori Network Komiti assists with the organisation’s obligations in relation to Te Tiriti. The general manager of operations reports monthly to the Board.</p> <p>The strategic plan outlines the organisations structure, purpose, values, scope, directions, performance and goals. The organisation philosophy and strategic plan reflect a resident and family/whānau centred approach to all services. Cultural safety is embedded within the business and quality plan and staff training. The Kaupapa Māori Strategy reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and resident meetings. Feedback is collated, reviewed, and used by HLL to identify barriers to care to improve outcomes for all residents. The Māori Network Komiti provides information through the clinical governance group to the Board.</p> <p>St Joseph’s Lifecare has it owns business plan with documented</p>
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		<p>business and quality goals. The goals are reviewed quarterly. Site specific goals relate to high quality care, financial performance, improved food services, resident satisfaction, dementia friendly actions, sustainability and social responsibility. Quality goals for 2023 and 2024 include reducing the incidence of falls and urinary tract infections (UTIs).</p> <p>The Heritage Lifecare head of quality provides leadership and direction to ensure a total quality management approach within the organisation. There are regular reports within St Joseph's Lifecare and nationally to the Clinical Advisory Group (CAG) to monitor and report on the implementation of the quality programme. The care home manager has overall responsibility for embedding the quality programme within the site. Outcomes and corrective actions are discussed at several meetings. High risk areas are automatically escalated to senior team members at national level. Measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved. The quality programme includes regular site specific clinical and risk reports that is completed by the care home manager and clinical services manager and are available to the senior team. The regional manager (registered nurse) oversees the site (also currently acting as interim care home manager) and support the clinical services manager (registered nurse).</p> <p>The care home manager (non-clinical) role is currently vacant; however, the new applicant will commence employment 19 February 2023 and is experienced in customer service and staff management. The clinical services manager commence employment three months ago and completed an orientation programme. The clinical services manager is supported by a unit coordinator (who was on leave at the time of the audit). The management team is supported by a regional quality manager and general manager of operations.</p> <p>The care home manager has completed a comprehensive orientation and the village manager has completed the required training hours related to the management of a care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>There is an organisational quality and risk management programme documented. The quality and risk management systems include performance monitoring through internal audits and through the</p>

<p>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>collection of clinical indicator data. Monthly quality improvement, RN/clinical and staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Due to staff instability over the last eight months, internal audits evidence repetitive clinical corrective actions related to documentation which are not yet embedded in practice (link 3.2.1; 3.2.3; 3.2.4 and 3.4.1).</p> <p>Quality data is collated, analysed, summarised and trends are identified. St Joseph`s Lifecare benchmarks against other HLL facilities and other aged care organisations; results are closely aligned with benchmark averages. Data is posted on a quality noticeboard in staff areas. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Opportunities for improvement have been identified and include falls reduction and strategies to reduce infections (urinary tract infections). Regular policy review, and internal and external benchmarking of quality data occur to provide a critical analysis to practice and improve health equity. Staff completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Staff are informed of policy changes through meetings and notices. Heritage Lifecare Limited has a comprehensive suite of policies and procedures, which guide staff in the provision of care and services.</p> <p>A resident and family/whānau satisfaction survey was completed in July 2023. The survey outcomes/results are benchmarked against other HLL facilities. There was overall satisfaction on the areas surveyed; except for food services that evidence a below average</p>
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		<p>expectation. This was also confirmed during resident interviews. The RM stated a quality improvement plan related to the food services continues to be implemented.</p> <p>A health and safety system is in place. There are representatives from each department that meets monthly. Hazard identification forms are completed electronically, and an up-to-date operational and site-specific hazard register were reviewed in January 2024. Health and safety policies are implemented and monitored by Head of Risk and Compliance and review the control measures to ensure they are effective. Staff incident, hazards and risk information is collated at facility level, reported to national level and a consolidated report and analysis of all facilities are then provided to the governance body. The noticeboards in the staffrooms keep staff informed on health and safety issues and each month has a health and safety focus theme. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Staff injuries and rehabilitation is effectively managed so they can return to work. There have been no serious staff injuries since the previous audit.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and actions are documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. Data is collated, analysed and reported to staff. A notification and escalation matrix are available to staff. The system escalates all alerts to the CSM and CHM and further alerts senior team members depending on the risk level.</p> <p>Discussions with the RM and CSM evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been six Section 31 notifications completed since the last audit related to: four pressure injuries; one related to a missing/absconding resident; and one for behaviours. Two outbreaks were appropriately reported (one Covid-19 outbreak and one norovirus outbreak). HealthCERT was notified in 2023 of the change in the CSM and CHM.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a care home staffing policy and procedure that describes rostering and staffing rationale in an event of acuity change and outbreak management. The RM interviewed confirmed staffing needs and shortages are reported to the senior team. The RM (interim CHM) and CSM work full time Monday to Friday. The on-call roster is shared between the CSM and RM for any clinical issues. The RM (usually the CHM) is on call for any operational queries. The electronic rostering analysis tool reviewed provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>There is a separate roster for the dementia unit and one for the rest home and hospital. The dementia unit is overseen by a unit coordinator (registered nurse) and registered nurses from the rest home and hospital provide support during the afternoon and night. The roster reviewed evidenced registered nurse cover 24/7, with at least two RNs in the rest home and hospital in the morning and afternoon. The number of caregivers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There is a staff member with a first aid certificate on each shift.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness (bicultural training). Staff complete electronic cultural awareness training at orientation and annually. External training opportunities for care staff include training through Te Whatu Ora- Capital, Coast and Hutt Valley, and study assistance is provided through HLL. Learning content provides staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training.</p> <p>The service supports and encourages employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing. There are 43 caregivers employed. Four caregivers have achieved level two, ten have completed level three, twenty-two have completed level four NZQA qualification, and the rest are supported through the enrolment process. There are 14 staff who are employed rotating on a regular basis to work in the dementia unit. Six have completed the required</p>
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		<p>standards, eight are enrolled and in progress of completing their dementia standards within the required timeframe.</p> <p>There is a learning and development policy documented. Registered nurses are provided access to a professional development and recognition programme (PDRP).</p> <p>All staff are required to complete competency assessments as part of their orientation. Registered nurses' complete specific competencies and include subcutaneous fluids, management of enteral feeding, syringe driver and interRAI assessment competency. Three (including the CSM) of nine RNs are interRAI trained. Other external HLL RNs provide support in interRAI completion. All RNs are encouraged to attend in-service training and complete additional training, including fundamentals in wound management; Te Whare Tapa Whā and Pacific model of care, infection prevention and control including Covid-19 preparedness; identifying and assessing the unwell resident; and dementia, delirium, and depression. All caregivers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, hand hygiene, and donning and doffing of personal protective equipment. A selection of caregivers completed medication administration competencies and second checker competencies. A record of completion is maintained on an electronic system.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) were posted and visible in staff locations. The staff and management collaborate to ensure a positive workplace culture.</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</p>	<p>FA</p>	<p>There are human resources policies in place to guide recruitment, selection, orientation and staff training and development. St Joseph's Lifecare is supported by support office with the recruitment processes. Staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all</p>

<p>capability to deliver health care that meets the needs of Māori. 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>positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The learning and development policy covers the requirement for performance appraisals/monitoring; and this is implemented. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>There is a policy in place to guide archiving and storage. Resident files and the information associated with residents and staff are retained and secure. Electronic information is regularly backed-up and password protected. There is a documented emergency management and civil defence plan that include a business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system. Other paper-based records are stored off site. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	<p>FA</p>	<p>The service has an information pack relating to the services provided at St Joseph's Lifecare, which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Interviews with residents and family/whānau all</p>

<p>care. 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>confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The admission entry and declining policy requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and family/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity is being collected and analysed by the service. The management on interview described relationships with identified Māori service provider groups within the community. There were residents and staff who identified as Māori. Staff are available to residents and family/whānau and provide supports as required.</p> <p>The service has a process in place if access is declined, should this occur. If a resident is declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry and where possible, alternative services are offered. The resident would be declined entry if not within the scope of the service or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The service has recently transitioned to an electronic resident management system. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Ten resident files reviewed: two residents at dementia level of care, four at hospital level (including one on individualised funding) and four at rest home level care (including one respite care and one resident funded by ACC). There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes. A suite of risk assessments is available on the electronic system. Appropriate</p>

	<p>risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. InterRAI assessments, re-assessments, care plan development and reviews have been completed; however, not all have been completed within the required contractual timeframes. The respite resident had initial assessments and an initial care plan on file. The resident funded by ACC and the resident on the individualised funding (IF) contract had initial assessments, and care plans completed. Both residents required long-term care plans; however, these had not been fully completed for both residents.</p> <p>For the resident files reviewed, the outcomes from assessments and risk assessments are not always reflected into care plans. The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>On interview, staff in the dementia unit were familiar with strategies for managing/diversion of behaviours; however, not all residents in the dementia unit have behaviour assessment and a behaviour plan with associated risks and supports completed. The activities care plan did not include a 24-hour reflection of resident routines to assist caregivers in management of the resident behaviours.</p> <p>Medical resident admission assessment within five days of admission were completed; however, this has not always occurred as planned. The GP reviews the residents at least three-monthly or earlier if required. The GPs visit twice a week and as required. One GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team,</p>
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	<p>hospice nurse and wound care nurse specialist are available as required through the Te Whatu Ora -Capital, Coast and Hutt Valley. Physiotherapy services are available.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Caregivers complete task lists that reflect within the progress notes on every shift. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home and dementia level care residents. There is regular documented input from the GP and allied health professionals. There was evidence the RN has added to the progress notes when there was an incident, changes in health status and routine RN reviews.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>There were 32 wounds across the service, including chronic skin conditions, ulcers, skin tears/abrasion's, surgical wounds and skin lesions. There were six residents with 13 pressure injuries at the time of audit (two unstageable, one stage IV, two stage II and the remainder stage I). Most pressure injuries remained on the electronic wound register for ongoing monitoring and were healing well. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is regular documented wound care nurse specialist input into chronic wounds. Caregivers interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional grounding; blood sugar levels; and toileting</p>
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		<p>regime; however, not all charts evidence monitoring occurs as scheduled. New behaviours are recorded in progress notes, behaviour charts and/or incident forms; however, behaviour descriptions and interventions to de-escalate behaviours including re-direction and activities were not always recorded on behaviour charts or care planning. All incidents and accidents have been recorded, and the incident reports reviewed evidence timely RN follow up; however, neurological observations following unwitnessed falls have not always been completed according to the policy guidelines. A notification and escalation matrix are available to staff. The system escalates all alerts to the CSM and CHM and further alerts senior team members depending on the risk level.</p> <p>Evaluations are scheduled six-monthly and completed at the time of the interRAI re-assessment; however, not all evaluations had been completed as scheduled. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans had been updated following the six-monthly multidisciplinary (MDT) meeting; however, when changes occurred earlier, the care plans were not always updated. Family/whānau are invited to attend the MDT case conference meeting. Short-term issues such as infections, weight loss, and wounds are addressed in a short-term care plan.</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>The residents' activities programme is implemented by a team of three full time and one part-time activities coordinators (one is a qualified diversional therapist). Activities for the residents in the hospital /rest home and dementia unit are provided Monday to Sundays 9.00 am to 5.30 pm. Caregivers have access to a room with table games, puzzles, quizzes, and other resources to assist with activities after hours. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised three times weekly and</p>

		<p>there are regular visits from community visitors (includes Pacific groups, choirs, school groups pet therapy). Catholic communion church services are held five days a week, and multi-denominational services are also available weekly.</p> <p>The activity coordinators integrate te reo Māori in the daily programme, with the use of te reo Māori phrases and everyday words as part of the daily activities programme. Cultural celebrations included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The diversional therapist overseeing the programme utilise Māori and Pacific staff to lift connections and to embed te ao Māori and Pasifika culture within activities of the facility.</p> <p>The residents' activities assessments are completed by the activity coordinators; however, not all care plans were completed as scheduled (link 3.2.1). Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile (about me and life history) which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly. Resident files reviewed in the dementia unit did not include 24-hour activity plans, and care plans for these residents did not always include strategies for distraction and de-escalation (link 3.2.3). The dementia unit's activities calendar has activities adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic like chores, baking and music therapy. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities.</p>
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<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>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Paper based charts were in use by respite residents and did not always meet legislative requirements. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities have been recorded on the electronic medication chart; however, were not recorded on the two paper-based charts reviewed.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily; however, not all temperatures are consistently monitored as required and room temperatures are not always within required ranges.</p> <p>Medications are stored securely; however, not all eyedrops were stored in accordance with requirements and not all eyedrops were being administered in accordance with manufacturer's instructions. Controlled medications are stored securely; however, documentation did not always adhere to legislative requirements. The staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical services manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p>
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<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>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Food services at the site are undertaken by an external contractor. Diets are modified as needed and the kitchen site manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. Food is transported in bain-maries to the three dining rooms and plated in the attached satellite kitchens. Residents in the dining rooms are served first by caregivers and then trays are transported in hot boxes to resident rooms where they are assisted or supervised as required. Hot boxes are used to transport food to the dementia unit where it is served by caregivers.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and reviewed in October 2023. The food control plan is current. The</p>

		<p>kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen site manager is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is checked daily and entered into an electronic monitoring platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview, the kitchen site manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services for Hindu and Buddhist residents and is able to provide cultural appropriate meals for Māori and Pasifika. Sandwiches are available all day and special utensils are available to use.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. Residents and family/whānau interviewed stated that they provide feedback related to the quality of meals served and understand the service is working towards improving the service.</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>	FA	<p>There is a HLL discharge, transition, and transfer policy. Transition or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the</p>

		<p>residents' files confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the CSM, RNs, and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers.</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>PA Low</p>	<p>There is a building warrant of fitness certificate that expires on 28 February 2024. The full-time maintenance person position is vacant and the regional operations manager and maintenance person from another facility are overseeing the annual maintenance programme. Maintenance requests are logged through maintenance request books at reception; however, did not evidence follow up in a timely manner. There is an annual organisational maintenance plan that includes electrical testing and tagging of equipment, residents' equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management. Essential contractors such as plumbers and electricians are available 24 hours a day as required. Checking and calibration of medical equipment, hoists and scales have been fully completed over the last 12 months. Caregivers interviewed stated they have adequate equipment to safely deliver care for all residents.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are spacious, and residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas.</p> <p>All rooms are single occupancy. The resident rooms in the rest home wing have ensuites. The resident rooms in the hospital wing have a mix of rooms with basins and ensuites. All resident rooms in the dementia wing have a toilet and hand basin ensuite with shared communal showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors to maintain</p>

		<p>privacy. There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light and ventilation. There is radiator heating in all areas and heat pumps in communal areas and offices. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>Dementia unit:</p> <p>The dementia unit has direct street access for emergency response. There are 16 rooms, all are single occupancy with toilets and handbasins. Residents utilise communal showers, of which there are sufficient numbers. The nurses` station is centrally located and provides maximum visibility and supervision of residents. The unit has a dining room/kitchen area and a large lounge for activities. Seating and space is arranged to allow both individual and group activities.</p> <p>The corridors are wide with appropriate handrails for safe mobility. The residents were observed to move safely and freely. The unit has doors that open out onto a secure courtyard with a high fence, an area with seating and shade, and raised gardens. There is access to a circular safe pathway for residents to wander safely. All bedrooms and communal areas have sufficient natural light and ventilation. There is radiator wall heating throughout the facility and heat pumps in communal areas.</p> <p>Each unit has a nurses` station with its own secure medication room. Each unit has its own kitchenette/servery.</p> <p>The service has no plans for building or refurbishments; however, should this occur, the organisation would take into consideration of how designs and environments reflect the aspirations and identity of Māori. This would be coordinated from head office with the Māori Network Komiti to lead the strategy.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (25 August 2015). A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies (sighted) are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up power available with Heritage head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency, including water stores (bottled and tank water) to provide residents and staff with twenty litres per day, for a minimum of seven days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Sensor mats are used where indicated throughout the facility. These are audible and are displayed in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. The dementia unit is secure.</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.</p>	<p>FA</p>	<p>There is an infection control programme and antimicrobial stewardship (AMS) policy documented and integral part of the HLL strategic and quality plan. Expertise in infection control and AMS can</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</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>be accessed through support office, a microbiologist, Public Health, and Te Whatu Ora- Capital, Coast and Hutt Valley. Infection control and AMS resources are accessible. The infection control programme is reviewed annually by support office in consultation with the infection prevention nurses; proposed changes are consulted with CHMs and CSMs as appropriate prior to its completion.</p> <p>There is a facility infection control committee that meets monthly. Infection rates are presented and discussed at infection control, quality, registered nurses, and staff meetings. The data is also benchmarked with the other HLL facilities. Further to this, HLL benchmarks with other aged care organisations and presents the results to their facilities. Infection control information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involve the infection prevention nurse, senior management team, GP, and the public health team. There is a documented pathway for reporting infection control and AMS issues through the regional clinical manager and head of quality. The Board knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system.</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>A registered nurse oversees and coordinates the implementation of the infection control programme. Infection prevention nurse role, responsibilities and reporting requirements are defined in the job description. The infection prevention nurse has completed infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented infection control programme, and the programme was developed and approved with input from a clinical advisory group. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff.</p>

	<p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection prevention nurse has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection control education at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings, and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.</p> <p>The infection prevention nurse liaises with the CSM and regional quality team on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora- Capital Coast and Hutt Valley. The CSM stated that the clinical advisory group will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a policy to guide staff in decontamination and disinfection of surfaces and equipment. Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti. The CSM reported that residents who identify as Māori are consulted on infection control requirements as needed. In interviews, staff understood these requirements. The</p>
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		service has printed educational resources in te reo Māori.
<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 service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies related to infection control and antimicrobial stewardship programme aligns with HLL strategic plan. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Significant events are reported to the senior team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers and weekly management meetings for early interventions to be implemented. Benchmarking is completed with other facilities.</p> <p>Residents were advised of any infections identified and family/whānau where required, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with</p>

		<p>residents and family/whānau. There have been two outbreaks reported since the last audit (Covid-19 outbreak in June 2023 and a norovirus outbreak in November 2023); all were reported and well managed. Outbreak meetings occurred to discuss lessons learned.</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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room in each area and a sanitiser with stainless steel bench and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>There are designated cleaners. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits. The facility was observed to be clean.</p> <p>All clothing and linen are laundered on site. All laundry is operational seven days a week. There are defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on trollies. There is enough space for linen storage. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are</p>

		<p>checked and serviced regularly.</p> <p>The infection prevention nurse oversees the implementation of the cleaning and laundry audits.</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>	FA	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The clinical services manager and an RN share the role of restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator (CSM) described the organisation's commitment to restraint elimination and implementation across the organisation. The organisational plan evidence a Heritage Care commitment to be restraint free by 2024.</p> <p>The reporting process to the governance body includes restraint data that is gathered and analysed monthly. The GP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, three residents (hospital level) were using lap belt restraints. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually. This includes a competency assessment.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure</p>	FA	<p>The restraint policy details the process for assessment. Assessment covers the need; alternatives attempted; risk; cultural needs; impact on the family/whānau; any relevant life events; any advance directives; expected outcomes; and when the restraint will end. The files reviewed for three residents using restraint evidenced</p>

<p>that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff, taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Restraint charting includes the restraint method approved; when it should be applied; frequency of monitoring; and when it should end. It also details the date; time of application and removal; risk/safety checks; food/fluid intake; pressure area care; toileting; and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is scheduled in line with HHL policy (link 3.2.4).</p> <p>A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per Heritage policy and requirements of the Standard. Use of restraints is evaluated three-monthly or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the Heritage national restraint committee meetings. The organisation does not use emergency restraint at any time. This is clearly documented in the restraint policy.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing</p>	<p>FA</p>	<p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint committee meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews.</p> <p>Staff monitor restraint related adverse events while restraint is in use. There have been no restraint related incidents reported.</p>

data and implementing improvement activities.		Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and caregivers) confirmed that the use of restraint is only used as a last resort.
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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 1.7.1</p> <p>I shall have the right to make an informed choice and give informed consent.</p>	PA Low	<p>The resident code of rights policy includes informed consent and aligns with Right 7 Whakaritenga mōu ake (choice and consent) and an informed consent policy. General consent forms are part of admission documentation; however, general consent forms were not always available and uploaded to residents' files to view.</p> <p>Other consent forms related to vaccination is completed separately on each occasion; and were available on file where appropriate. Discussions with family/whānau and residents confirmed that they are provided with time to discuss their choices and treatment.</p>	Seven of ten files reviewed did not have a general consent form.	<p>Ensure signed general consent forms are available on each file.</p> <p>90 days</p>

<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	<p>PA Low</p>	<p>There is a complaints procedure policy documented for the organisation. The general manager of marketing and communications manages complaints received via the organisation's complaints email address. Complaints and feedback of Māori and Pacific Island residents and whānau are reported on to highlight and assess barriers to service provision. Verbal and written complaints are documented in the complaints register; however, complainants are not always made aware of other avenues of support when they are not satisfied with the outcome, such as the advocacy service or Health and Disability Commissioner.</p>	<p>Four complaints investigated and signed off did not evidence that the resolution letters provide other avenues of raising the complaint should the complainant not be satisfied.</p>	<p>Ensure complaints process links with the advocacy service.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Moderate</p>	<p>Admission visits by the general practitioner were completed within five days for eight resident files reviewed. InterRAI assessments have been completed within the required timeframes for seven residents (one respite resident was a recent admission and did not require an interRAI assessment). Initial assessments and care plans have been developed within the required timeframes for three of the six files reviewed. Three of nine resident files identified long-term care plans had been documented with 21 days of admission (one respite resident was a recent admission). Activities assessments and care plans were completed by the activities team within three weeks of admission for three</p>	<p>Timeframes related to contractual requirements were not always completed for the files reviewed including:</p> <p>i). Two of ten (one rest home and one hospital) resident files did not evidence an initial GP visit within contractual requirements.</p> <p>ii). Three of nine (one hospital, one rest home and one dementia) initial interRAI assessments were not completed within 21 days of admission.</p> <p>iii). Seven of nine (two dementia, two rest home, three</p>	<p>i). Ensure the GP completes an initial visit within five days of admission.</p> <p>ii-v) Ensure initial and repeat interRAI assessments, initial long-term care plans, and activities care plans are documented within required timeframes.</p> <p>vi). Ensure interRAI assessments occur prior to care planning and care plan evaluations.</p>

		long-term residents.	<p>hospital) files reviewed did not evidence an initial long-term care plan completed within 21 days.</p> <p>iv). One of two (one hospital) interRAI reassessments were not completed in required timeframes.</p> <p>v). Six of nine files (four hospital, one rest home and one dementia) reviewed did not have activities care plans in required timeframes.</p> <p>vi). Assessments, interRAI assessments, care planning and evaluations are not synchronised.</p>	60 days
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all</p>	PA Moderate	<p>The service has recently moved to an electronic resident management system. Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. Eight of ten resident care plans reviewed identified sufficient interventions to guide the resident's current care needs.</p>	<p>i). One rest home resident with a spouse in a neighbouring room did not have an intimacy plan documented for a married couple.</p> <p>ii). One rest home resident did not have interventions documented to manage specific mobility requirements, non-pharmaceutical pain management, or management of an indwelling catheter.</p> <p>iii). Two residents (one hospital and one rest home) with diabetes did not include signs and symptoms of</p>	<p>i). – vi). Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>60 days</p>

<p>settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>			<p>hypoglycaemia or hyperglycaemia and one of these did not include reportable ranges, dietary requirements or frequency of blood glucose recordings.</p> <p>iv). Two dementia residents with a history of absconding and or behaviours did not have a behaviour plan, or 24-hour daily care plan documented.</p> <p>v). One hospital resident with a current pressure injury did not include interventions to manage the injury, including skin care, pain management, frequency of repositioning, resistive behaviours and management of anticoagulant risks.</p> <p>vi). One hospital resident assessed with behavioural concern did not include behaviour management in the care plan.</p>	
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed</p>	<p>PA Moderate</p>	<p>There are comprehensive policies around all aspects of restraint including assessments, approval, monitoring and reviews. All residents using restraint have restraint monitoring in place, with the frequency of monitoring as documented on care plans. Post fall management policies include monitoring of neurological observations. Monitoring is scheduled on worklogs or</p>	<p>i). Inconsistent monitoring (paper and worklogs) of neurological observations was identified in four of six incident reports reviewed related to unwitnessed falls.</p> <p>ii). Restraint monitoring had not been completed as scheduled for one of three residents using</p>	<p>i-v). Ensure monitoring occurs as scheduled.</p> <p>60 days</p>

<p>needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>paper documentation for repositioning, restraint monitoring, food and fluid intake, neurological observations and behaviours; however, not all monitoring has been completed as directed.</p>	<p>restraint.</p> <p>iii). Repositioning charts were not completed as scheduled for two of two resident files reviewed.</p> <p>iv). Food and fluid intake were not fully documented for a dementia resident.</p> <p>v). Behaviour charts following absconding and physical aggression evidenced gaps in documentation.</p>	
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>Medications are safely stored in locked trolleys and in locked medication room and eyedrops are dated on opening; however, have not always been stored and discarded as per manufacturer's instructions. There is a system in place for the monitoring of room temperatures; however, recent temperatures have been recorded above 25 degrees in each of the three areas. A system is in place for monitoring of medication fridges; however, this has not been completed in all areas. Controlled drugs legislation requires two signatures when medications are administered; however, this was not consistently evidenced. Respite resident paper-based medication charts include medical officer authorisation; however, not all charts were documented as per legislation.</p>	<p>i). Room temperatures in each of the three medication rooms evidenced recent occasions where the temperature was above 25 degrees.</p> <p>ii). Room and fridge temperatures were not consistently monitored in the dementia unit.</p> <p>iii). Eye drops required to be stored in the fridge were stored on medication room shelves in the rest home.</p> <p>iv). Two eye drops in dementia unit (expired) were still in use.</p> <p>v). Controlled medication registers in rest home and hospital evidence on occasion, entries with one signature only.</p>	<p>i). Ensure medication room temperatures are maintained below 25 degrees.</p> <p>ii). Ensure fridge and room temperatures are consistently monitored as per policy and legislation.</p> <p>iii-iv).) Ensure eye drops are stored and discarded as per manufacturer's instructions.</p> <p>v). Ensure controlled drug administration evidence signatures of two staff.</p> <p>Vi). Ensure paper-based medication</p>

			vi). Two paper-based medication charts did not meet the requirements of the policy (related to photos, allergy and transcribing).	charts include photos, and allergies and do not include transcribing. 60 days
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>Testing of electrical equipment and equipment calibration is completed as required. Electric beds and hoists are checked as part of the annual maintenance plan by the manufacturer. The maintenance position has been vacant for three months and is covered by staff from a sister facility three days a week. Maintenance request books evidence sign off following completion of each request; however, review identifies a number of requests are outstanding and also confirmed through residents' feedback. Water temperatures in residents' rooms are recorded as part of the internal audit schedule. At the time of the audit, records reviewed evidenced some rooms' tap temperatures were still above 45 degrees. Corrective actions have been documented and a project to address this is being implemented. The risk was documented in the risk register.</p>	<p>i). Maintenance requests are not signed off or dealt with in a timely manner.</p> <p>ii). Identified rooms in the facility repeatedly evidence water temperatures of between 45 and 51 degrees in identified rooms.</p>	<p>i). Ensure maintenance requests are addressed in a timely manner.</p> <p>ii) Ensure water temperatures in resident rooms are below 45 degrees.</p> 90 days

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.