

Heritage Lifecare (BPA) Limited - Highfield Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Heritage Lifecare (BPA) Limited

Premises audited: Highfield Rest Home

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

Dates of audit: Start date: 25 June 2024 End date: 25 June 2024

Proposed changes to current services (if any): Adding Hospital level care; Redesignation of 26 beds as dual-purpose rest home and hospital level care

Total beds occupied across all premises included in the audit on the first day of the audit: 36

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.

General overview of the audit

Highfield Lifecare (Highfield) is owned and operated by Heritage Lifecare Limited and currently provides age-related residential rest home care for up to 44 residents. No changes to management have occurred since the last audit. The facility is undergoing a process of refurbishment and redesignating some beds as dual-purpose beds suitable for rest home or hospital level care. This change will allow the facility to meet the growing needs of the community for hospital level care. The provider has applied to HealthCERT for Highfield to be certified for hospital level care. This audit found 24 rooms were appropriate to be utilised for residents requiring hospital level care and recommends these 24 rooms be designated dual purpose.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 to establish the level of preparedness of Highfield Lifecare to provide hospital level care. The audit included review of documents and records, interviews with a governance representative, management, staff and a resident, and visual inspection of the Highfield Lifecare refurbishment.

Three areas for improvement were identified during the audit process; these related to education competencies and the requirement for registered nurse cover at hospital level care; and one in relation to clarification the status of the approval of the evacuation procedure. One corrective action raised at the last audit relating to medication management has been resolved and the corrective action is closed.

Ō tātou motika | Our rights

Not Applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

Highfield Lifecare is governed by Heritage Lifecare Limited. The board of directors work with the manager at Highfield Lifecare to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service that is inclusive of, and sensitive to, the cultural needs of Māori. All directors are suitably experienced and qualified in governance and have completed education in cultural awareness, Te Tiriti o Waitangi and health equity.

Compliance with legislative, contractual and regulatory requirements is overseen by the Heritage leadership team and governance group, with external advice sought as required. There are appropriate clinical governance processes in place. The service complies with statutory and regulatory reporting obligations.

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation are defined. There are opportunities for patient and whānau input into planning and monitoring of service delivery. Performance is monitored and reviewed at planned intervals.

Staff are appointed, orientated and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels are sufficient to provide clinically and culturally appropriate care. Staff performance is monitored. There is a transition plan in place to increase staffing to meet the needs of residents at hospital level care. Planning includes the appointment, orientation and training

of sufficient registered nurses to meet the requirement for 24/7 registered nurse cover; the registered nurses appointed have not yet commenced working at Highfield Lifecare.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication management policies and procedures are in place to support the safe delivery of services. Policies and procedures reflect current good practice and legislative requirements. There is a process in place to ensure that staff who administer medication are competent to do so.

Established food services are already in place at Highfield Lifecare. The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed. The existing kitchen services will meet the needs of residents requiring hospital level care.

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

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

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

The existing environment and amenities in place are suitable for hospital level care and 24 rooms were confirmed to be appropriate to be designated dual purpose.

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

Heritage Lifecare Limited ensures the safety of residents and staff at Highfield Lifecare through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. The programme is appropriate for the proposed change in level of care. The care home manager, who is a registered nurse, is responsible for overseeing the infection prevention programme with reporting lines to regional management and governance.

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

Waste and hazardous substances were well managed. There were safe and effective laundry services. The processes in place are suitable for the changes proposed.

Here taratahi | Restraint and seclusion

Not Applicable to this audit.

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) |
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| Subsection | 0 | 10 | 0 | 0 | 2 | 0 | 0 |
| Criteria | 0 | 82 | 0 | 1 | 2 | 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) |
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| 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 |
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| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | FA | <p>The Heritage Lifecare Limited governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika and tāngata whaikaha. Heritage Lifecare has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). Heritage Lifecare also utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Heritage Lifecare has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa Standard in relation to antimicrobial stewardship (AMS) and restraint elimination. Ethnicity data is collected to support equitable service delivery.</p> <p>Governance and the senior leadership team commit to quality and risk via</p> |

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| | <p>policy, processes and through feedback mechanisms. This includes receiving regular information from each of the organisation’s care facilities. The HLL reporting structure relies on information from its strategic plan to inform facility-based business plans. Internal data collection (e.g., adverse events, infections, audits, and complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>Each facility has its own business plan for its particular services and planning at Highfield Lifecare included action taken resulting from the resident and whānau satisfaction surveys. A Highfield Lifecare business plan outlined the proposal to redesignate rooms as dual-purpose for rest home and hospital level care. This comprehensive plan considered the community needs, facility refurbishment and staffing and training needs required. The plan was well thought through, and the facility had the support and approval of the Heritage Lifecare Limited chief executive officer to proceed.</p> <p>Job/role descriptions are in place for all positions, including senior positions. These specify the requirements for the position and key performance indicators (KPIs) to assess performance. Heritage Lifecare uses an interview panel for senior managers. Recruiting and retaining people is a focus for HLL, they look for the ‘right people in the right place’ and aim to keep them in place for a longer period to promote stability. They also use feedback from cultural advisers, including the Heritage Māori Network Komiti, to inform workforce planning, sensitive and appropriate collection and use of ethnicity data, and how it can support its ethnically diverse staff.</p> <p>Heritage Lifecare supports people to participate locally through resident meetings, and through satisfaction surveys. There is also a staff satisfaction survey for a wider view of how residents and staff are being supported. Results of both are used to improve services.</p> <p>Directors of Heritage Lifecare Limited have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by Manatū Hauora.</p> <p>The governance and leadership structures in place within Heritage Lifecare are suitable to support the provision of hospital level care at Highfields Lifecare.</p> <p>Highfield Lifecare holds contracts with Health New Zealand – Te Whatu Ora South Canterbury (Te Whatu Ora South Canterbury) to provide residential care services under the age-related residential care agreement (ARRC) for up to 44</p> |
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| | | <p>residents requiring rest home level care. On the day of audit, there were 36 residents receiving care and of these, 35 were at rest home level care. One resident was receiving hospital level care with the local Health New Zealand older persons health manager's approval. The appropriate dispensation to provide hospital level care for one named resident was in place and had allowed a long-term resident to remain in their home at the facility.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>PA Moderate</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by the care home manager who is supported by a unit coordinator; both are experienced registered nurses. They work Monday to Friday and share on-call responsibilities. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Staff and a resident interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually and includes mandatory training requirements. Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora South Canterbury.</p> <p>Staff and management understood the required education-related competencies required to support equitable service delivery. However, records reviewed showed these had not been completed consistently; refer criterion 2.3.3.</p> <p>Māori health information was accessed and used to support training and development programmes, policy development and care delivery.</p> <p>Staff wellbeing policies and processes are in place and staff reported feeling well supported and safe in the workplace. Staff have access to independent counselling services.</p> <p>A documented staffing transition plan is in place to ensure there are sufficient, and suitably trained, staff available to meet the needs of hospital level care residents. Care giver staffing numbers have already been increased and</p> |

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| | | registered nursing staff appointed. However, registered nurses are not yet on site to provide 24-hour registered nurse cover; refer 2.3.1. |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | FA | <p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of nine staff records were reviewed, including one registered nurse, four caregivers, the cook and a diversional therapist, and evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, COVID-19 vaccination status, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors, for example, the contracted physiotherapist.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and support is available to them.</p> <p>The processes in place are appropriate to support the Highfield Lifecare manager in the transition to providing hospital level care, and a comprehensive orientation and training plan is available for existing and new staff to support this transition.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> | FA | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day</p> |

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| <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | | <p>of audit.</p> <p>All staff who administer medicines complete an annual competency. Those observed administering medication were competent to perform the function they manage. However, not all medication competencies were recorded; refer criterion 2.3.3.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>The corrective action related to medication labelling, storage and use of individually dispensed medications has been addressed and this corrective action is now closed.</p> <p>The medication management system in place is suitable for residents receiving hospital level care.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and</p> | <p>FA</p> | <p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements</p> |

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| <p>hydration needs are met to promote and maintain their health and wellbeing.</p> | | <p>are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by resident interview and satisfaction surveys. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>The existing food service is sufficient to provide food services to hospital level care residents.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>Highfield Lifecare is a residential care facility comprising 44 bedrooms. It was proposed that 26 of these rooms become dual purpose. However, considering the size and shape of rooms, access, and the ability to manoeuvre equipment, not all rooms the provider had identified are suitable to use for hospital level care. This audit has found 24 rooms to be of suitable size and configuration for hospital level care.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they meet legislative requirements. A planned maintenance schedule included electrical testing and tagging, resident equipment checks, and checking and calibration of clinical equipment. Monthly hot water tests were completed for resident areas; these were sighted and were all within normal limits.</p> <p>The building has a building warrant of fitness which expires on 1 May 2025. There were currently no plans for further building projects requiring consultation, but Heritage Lifecare directors were aware of the requirement to consult with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors have handrails promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suit the needs of the resident groups. Lounge and dining facilities meet the needs of residents, and these are also used for activities. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and</p> |

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| | | <p>common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Electric heating is provided in the facility, which can be adjusted depending on seasonality and outside temperature.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance, as evidenced in a recent satisfaction survey and a resident interview. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and a process of gradual refurbishment is underway. The facility meets legislative requirements. A room that had not yet been updated was viewed; this was found to be of an acceptable standard and was clean and well maintained. The resident was interviewed and was very happy with the environment. All rooms have natural light and ventilation, with rooms facing the courtyard having sliding door access to outside.</p> <p>Care staff interviewed stated they have adequate equipment to safely deliver care for residents. The manager described processes in place to ensure equipment needs are updated to meet the needs of hospital level care as resident numbers increase.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility to meet the requirements of the proposed change and the provision of hospital level care.</p> <p>The following room numbers were found to be suitable for hospital level care: 6,10,15,17,18,22,23,24,26,32,41,44,46, 66 to70,72 to76 and 79.</p> <p>Rooms numbered 50-64 were identified by the facility as not suitable due to the narrow corridor which would make movement of residents requiring equipment difficult, and rooms 1,3,4, and 11 were identified by the facility as being too small. This audit found that rooms 27,28,31 and 35 identified by the provider were too small to allow the use of mobility aids and moving and handling equipment when required and are not suitable for hospital level care.</p> |
| Subsection 4.2: Security of people and workforce | PA | Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been |

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| <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>Moderate</p> | <p>trained and knew what to do in an emergency. The care home manager, unit coordinator, diversional therapist and senior caregivers have current first aid certification. There is a first aid certified staff member on duty 24/7 and the AC/DT who takes residents on outings outside the facility has first aid certification. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>The fire evacuation plan was approved by the New Zealand Fire Service on 29 November 2005 and the requirements of this are reflected in the Fire and Emergency Management Scheme. It has not been verified whether this scheme is suitable for hospital level care, refer criterion 4.2.1. A fire evacuation drill is held six-monthly, the most recent drill was on 5 March 2024 and the next is scheduled for August 2024. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative essential energy and utility resources are available, should the main supplies fail.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau surveys evidence they are happy with the responsiveness of staff. Appropriate security arrangements are in place.</p> <p>The current systems in place are appropriate for the proposed change to provide hospital level care.</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>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>FA</p> | <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly.</p> <p>Heritage Lifecare has IP and AMS outlined in its policy documents. This is being supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately handled at facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora South Canterbury.</p> <p>Infection prevention and AMS information is discussed at facility level, at clinical governance meetings, and reported to the board at board meetings. Infection prevention and control information presented to the board includes ethnicity</p> |

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| | | data. |
| <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> | FA | <p>The care home manager (CHM), who is a registered nurse, is the infection prevention and control resource nurse and is responsible for overseeing and implementing the infection prevention programme with reporting lines to senior management and to the Heritage Lifecare Ltd regional manager and national infection prevention lead. The CHM has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the Heritage Lifecare Ltd national infection prevention lead has been sought when making decisions around procurement relevant to care delivery, and policies. There have been no facility changes or design of any new building, and policy confirmed their advice would be sought should this occur.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>There is a Pandemic Plan in place which has been tested. The service has sufficient stores of personal protective equipment available (PPE) and staff have been trained in the use.</p> <p>Staff were familiar with policies related to the decontamination of reusable medical devices and shared medical equipment. Monitoring of compliance is included in the audit schedule. Single use items are not reused.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>The IP programme in place is suitable for hospital level care.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> | FA | <p>An antimicrobial policy is in place which is appropriate to the size and scope of the service and has been approved by the Heritage Lifecare Limited governing body. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> |

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| <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> | | <p>The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> <p>The AMS programme is suitable for hospital level care.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data includes ethnicity, and is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are reported to governance and shared with staff. A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been identified by the registered nurse.</p> <p>Communication between service providers and residents experiencing a health care-associated infection (HAI) and/or their whānau is culturally safe.</p> <p>The surveillance programme is suitable for hospital level care.</p> |
| <p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p> | FA | <p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. A refurbishment project is underway.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau indicated in a recent survey that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p> |

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| | | The cleaning and laundry processes in place will meet the needs of hospital level care residents. |
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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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p> | PA Low | <p>There is a documented plan in place to address the staffing and training needs required to provide hospital level care. The transition plan includes a registered nurse roster to provide 24-hour cover seven days a week. Four registered nurses have been appointed, with a start date of 24 July 2024. A comprehensive training plan is in place to supplement the Heritage Lifecare Limited registered nurse orientation programme. The facility will be further supported by two Heritage Lifecare Limited roaming registered nurses during the transition phase.</p> <p>Caregiver numbers have already been increased and casual caregivers available to become permanent employees once the facility begins to</p> | <p>The facility does not yet have 24-hour registered nursing cover seven days a week.</p> | <p>Ensure registered nurses are present onsite 24 hours a day, 7 days a week prior to accepting hospital level care residents.</p> <p>Prior to occupancy days</p> |

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| | | <p>accept hospital level care.</p> <p>The plans in place are sufficient to provide culturally and clinically safe care to hospital level care residents once the registered nurses are onsite.</p> | | |
| <p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p> | <p>PA</p> <p>Moderate</p> | <p>Heritage Lifecare Limited supports the facility in the provision of staff training to provide clinically and culturally safe care. Mandatory training competencies are identified. These include the requirement to complete a knowledge assessment, followed, in most cases, by an observation of competency. This includes competencies for medication management, insulin administration, manual handling, hand hygiene and taking neurological observations. In four out of four caregiver files reviewed, the knowledge check had been completed by the caregiver; however, it was not always recorded that they had met the required standard and in four out of four files the practical observation of competency had not occurred.</p> | <p>The files reviewed did not evidence caregiver staff had attained the required competency in relation to medication management, insulin administration, manual handling, hand hygiene and taking neurological observations. The knowledge check completed by the caregiver was not verified and the practical observation of competency was not recorded.</p> | <p>Ensure staff complete the required training competencies required by Heritage Lifecare policy in full, including confirmation of knowledge and completion of the practical observation of competency where this is a requirement</p> <p>90 days</p> |
| <p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p> | <p>PA</p> <p>Moderate</p> | <p>The existing fire evacuation plan was approved by the New Zealand Fire Service on 29 November 2005 and the requirements of this are reflected in the Fire and Emergency Management Scheme. It has not been verified whether this scheme is suitable for the hospital level care and less mobile</p> | <p>It is not clear if any changes need to be made to the existing approved evacuation plan to accommodate the change to hospital level care residents. This requires clarification from Fire and Emergency New Zealand.</p> | <p>Confirm with Fire and Emergency New Zealand that the existing approved evacuation plan will meet the needs of hospital level residents with reduced mobility.</p> |

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| | | residents. A fire evacuation drill is held six-monthly, the most recent drill was on 5 March 2024 and the next is scheduled for August 2024. | | Prior to occupancy 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.

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End of the report.