

# Heritage Lifecare Limited - Annie Brydon Lifecare

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:** Annie Brydon Lifecare

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

**Dates of audit:** Start date: 22 July 2024 End date: 22 July 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:** 68

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Heritage Lifecare Limited – Annie Brydon Lifecare (Annie Brydon) is certified to provide rest home and hospital services for up to 71 residents. The service is owned and operated by Heritage Lifecare Limited. Residents and whānau were complementary about the care provided.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (Ngā Paerewa) and the service provider’s agreement with Health New Zealand – Te Whatu Ora. The audit process included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, whānau, governance, managers, staff, and a nurse practitioner.

Improvements identified at the last (certification) audit in relation to strategic planning, staffing, staff first aid certification, and restraint have been addressed. No areas requiring improvement were identified during this audit.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Annie Brydon provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery.

There were processes in place to ensure Māori can be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Culturally appropriate services were confirmed by Māori residents and whānau during the audit.

There were no residents who identified as Pasifika residing in Annie Brydon on the days of audit. However, processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and their experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

## 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.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems are focused on improving service delivery and care and are supported at governance level. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated. Adverse events were documented, with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staff are appointed and managed using current good practice. Staff are suitably skilled and experienced. Staffing levels were sufficient to provide clinically and culturally appropriate care. A systematic approach to identify and deliver ongoing competency and learning supports safe and equitable service delivery. Staff were orientated to the service.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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

Subsections applicable to this service fully attained.

When residents were admitted to Annie Brydon a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau had been developed.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care provided was based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for.

Residents were transitioned or transferred to other health services as required.

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

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

Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities.

There have been no changes to the building or evacuation planning since the previous (certification) audit.

## **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.
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The governing body, clinical services manager, and the infection control nurse at Annie Brydon ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service.

The infection prevention and antimicrobial stewardship programme was adequately resourced. The experienced and trained infection control nurse led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

## 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.

The service was a restraint-free environment. This was supported by the governing body and policies and procedures. There were no residents observed to be using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.



## 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	22	0	0	0	0	0
Criteria	0	54	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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>	FA	<p>Annie Brydon Lifecare (Annie Brydon) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and staff interviewed. Residents and whānau interviewed reported that staff respected their right to self-determination (mana motuhake), and they felt safe.</p> <p>Partnerships have been established with local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan had been developed with input from cultural advisors and is used for residents who identify as Māori. There were several residents who identified as Māori in the service during the audit, and each of these residents had a Māori health plan in place to guide services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>Annie Brydon identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. There were no residents who identified as Pasifika in the facility during the audit. Should it be required, the Fonofale model of care is available for the use of Pasifika</p>

<p>achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>residents. Partnerships enable ongoing planning and evaluation of services and outcomes.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code was on display in English and Māori throughout the facility.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Annie Brydon included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse or neglect. Staff followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Training on abuse and neglect was provided in 2023. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>Residents and whānau expressed satisfaction with the care provided by Annie Brydon and described staff as always willing to assist.</p>
<p>Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p>	<p>FA</p>	<p>A complaint made to the Office of the Health and Disability Commissioner (HDC) in 2021 resulted in the HDC making recommendations to the facility. One of these related to ensure effective communication occurred between care staff and whānau. Review showed that, since that time, additional education was given to care staff to improve their communication skills with whānau in 2022, 2023 and in 2024. Whānau and residents interviewed</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>reported that they were fully informed regarding care. Adverse events were fully documented in the electronic capture system, and there was evidence of engagement with residents and their whānau in relation to these. Evidence was sighted at this audit that instructions were recorded in the progress notes following incidents/adverse events or post-discharge from an acute facility. The HDC complaint is now closed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Annie Brydon and/or their Enduring Power of Attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on best practice tikanga guidelines in relation to consent had been provided.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality</p>	<p>FA</p>	<p>Policies and procedures are in place to receive and resolve complaints that lead to improvements; these meet the requirements of consumer rights legislation. Residents and whānau are informed of the complaints process on admission and information relating to the complaints process is displayed in the facility along with advocacy information. Residents and whānau understood their right to make a complaint and knew how to do so. The care home and village manager (CHVM) advised there was a process in place to manage complaints from Māori using hui, appropriate tikanga, and/or te reo Māori, as applicable.</p> <p>A fair, transparent and equitable system was in place to receive and resolve</p>

improvement.		<p>complaints that led to improvements. Documentation sighted for six complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint.</p> <p>While there had been no complaints received from external sources since the previous (certification) audit, there were two historic complaints received via the office of the HDC; one from 2021 (which has been closed with recommendations for the facility), and one from 2022 which is still open.</p> <p>The 2021 complaint was closed by the HDC on 29 November 2023. The HDC decided to take no further action in relation to the facility but made some recommendations for the facility to action related to effective communication (linked to Ngā Paerewa criterion 1.6.6), adverse event reporting and documentation (linked to Ngā Paerewa criteria 2.2.5 and 3.2.3), cultural safety education and interRAI skills booster education (linked to Ngā Paerewa criterion 2.3.5). Whilst these had been addressed by the facility prior to the audit, HealthCert requested that the service's response was reviewed during the audit process. Review showed that additional education had been given to care staff to improve their communication skills with whānau (refer criterion 1.6.6), adverse events were fully documented in the electronic capture system, and there was evidence of engagement with residents and their whānau (refer criteria 2.2.5 and 3.2.3), education had been delivered in cultural safety, with interRAI skills boosters were delivered to staff (refer criterion 2.3.5).</p> <p>The 2022 HDC complaint is ongoing. The complaint was received on 5 May 2022 from the Office of the HDC through the HDC Advocacy Service. Annie Brydon has responded to the HDC as required. Further information was requested from the HDC on 14 February 2024, and again on 4 June 2024. Responses were sent to the HDC on 1 April 2024 and 18 June 2024, respectively. The complaint remains open at the time of audit.</p> <p>There have been no other complaints received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the</p>	FA	<p>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>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>Heritage Lifecare has a strategic plan in place that outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan incorporates the Ngā Paerewa standard in relation to antimicrobial stewardship (AMS) and restraint elimination across ethnicity, addressing a finding from the previous (certification) audit. Ethnicity data is collected to support equitable service delivery. Each facility has its own business plan for its particular services; Annie Brydon’s plan was sighted during the audit. The business plan sets out the facility’s own goals over the duration of the plan and is reviewed quarterly. The service’s organisational philosophy and strategic plan reflect a person/whānau-centred approach to the services delivered.</p> <p>The clinical governance structure in place is appropriate to the size and complexity of the service provision. The service is managed by a CHVM with the assistance of a clinical services manager (CSM) who oversees the clinical services being provided. Both have been employed within the aged care sector for several years, and confirmed knowledge of the sector, and regulatory and reporting requirements.</p> <p>Governance and the senior leadership team commit to quality and risk via policy, processes and through feedback mechanisms. Monthly reporting outlines an overview of adverse events, infection control, health and safety, restraint, complaints, staffing, and outcomes from internal auditing. Critical and significant events are reported immediately. All quality data collected identifies trends, and specific shortfalls are addressed. A sample of documentation reviewed showed adequate information to monitor performance is reported. Feedback is made to the clinical governance group and to the board.</p> <p>Ethnicity data is collected to support equitable service delivery. 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, complaints, and infection prevention and control). Annie Brydon utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>The CHVM and the interim CSM maintain currency within the field. Both have been employed within the aged care sector for several years, and confirmed knowledge of the sector, and regulatory and reporting requirements. Monthly</p>
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		<p>reporting outlines an overview of adverse events, infection control, health and safety, restraint, complaints, staffing, and outcomes from internal auditing. Critical and significant events are reported immediately. All quality data collected identifies trends, and specific shortfalls are addressed. A sample of documentation reviewed showed adequate information to monitor performance is reported.</p> <p>The service holds contracts with Te Whatu Ora for the provision of age-related residential care (ARRC) rest home and hospital care, short-term residential care (respite), long-term support - chronic health conditions (LTS-CHC), residents under Whaikaha contracts (under 65 years of age), and with the Accident Compensation Corporation (ACC) for respite care. During the audit, 68 residents were receiving services: 42 rest home care (including one resident on ACC respite and one on a Whaikaha contract), 26 hospital level care (including one under the LTS-CHC contract and one under the ACC respite contract). Five care suites are certified for couples under ARRC in occupational right agreements (ORAs); Care suites are dual purpose providing rest home or hospital level care. Two couples were resident in the suites during the audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, regular resident meetings (including meetings taken by an independent advocate), regular resident satisfaction surveys, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls; these include ethnicity information to allow for inequality to be identified and addressed. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, and action plans developed and followed up in a timely manner and this addresses a recommendation made by the HDC following a complaint received in 2021; the complaint is now closed.</p>

		<p>Ethnicity information was collected and analysed as part of adverse event reporting. There were 18 incidents reported between April-June 2024. Nine adverse events were looked at in detail; all were fully completed, with actions required to minimise these events recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plan of care. Neurological observations were completed for residents who had an unwitnessed fall or a witnessed fall where a 'head knock' was witnessed.</p> <p>The CHVM and CSM understood and have complied with essential notification reporting requirements. There have been 25 notifications completed in the last 12 months. Twenty-four (24) to Manatū Hauora, 12 of these related to RN shortage corresponding to 44 shifts (all except one in 2023), two due to a missing resident, four for behaviours of concern, two for falls with fracture, three due to pressure injuries (PIs), and one related to utility failure (call bell outage in one room). The CHVM and CSM were aware of the change in reporting PIs from Manatū Hauora to the Health Quality and Safety Commission (HQSC) in July 2024. One report of PI had been made to HQSC at the time of audit.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service is managed by the CHVM, who has worked at the facility for a number of years. The CHVM is supported by a CSM, who is an experienced RN. There are RNs on duty 24 hours per day/seven days per week (24/7), and a first aid certified staff member on duty 24/7. This addresses two findings from the previous (certification) audit re: RN cover on night duty, and the availability of certified first aid staff members on duty 24/7.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. 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.</p> <p>A complaint made to the Office of the Health and Disability Commissioner (HDC) in 2021 resulted in the HDC making specific recommendations to the</p>



		<p>facility in relation to staff receiving training on cultural safety and that RN staff undergo interRAI skills booster training. In response to the recommendation, education was delivered in cultural safety, Te Tiriti o Waitangi and Māori health in nursing education and practice in late 2023. InterRAI skills boosters were delivered to staff in 2023, with new registered nurse (RN) staff being educated in interRAI assessment skills. The HDC complaint is now closed.</p> <p>In addition to this, continuing education planned on an annual basis includes mandatory training requirements; education on cultural safety is contained in that plan. Related competencies are assessed and support equitable service delivery; these include interRAI assessments and reassessments. 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.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation, and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions, which 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. Ethnicity data is recorded for staff and used in line with health information standards. Staff information is secure and accessible only to those authorised to use it.</p> <p>A sample of eight staff records were reviewed, and all evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff interviewed confirmed that they have input into the performance appraisal process.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs, ENs and associated health contractors (six general practitioners (GP), the nurse practitioner (NP), the hospice nurse, a physiotherapist, a podiatrist, the pharmacists, and a dietitian).</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Annie Brydon worked in partnership with the resident and their whānau to support the resident’s well-being. Nine residents’ files were reviewed: five hospital files and four rest home files. These files included residents who identified as Māori, were receiving care under a Whaikaha contract, self-administered medication, had pressure injuries, had complex wounds, had recently required transfer to an acute facility, had several co-morbidities, exhibited behaviours that challenged, were at high risk of falls and/ or resided in care suites.</p> <p>Files reviewed verified the RN documented a plan of care for the resident following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considered wider service integration, where required. Assessments were based on a range of clinical evaluation methods and included resident and whānau input (as applicable). Timeframes for the initial assessment, GP or NP assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and their whānau participated in the service’s development, delivered services that gave choice and control over care and support activities, and removed barriers that prevent access to information. This was verified by reviewing documentation, sampling residents’ records, conducting interviews (including with the NP), and making observations.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including for residents with a disability. Residents with pressure injuries had the required notifications to Manatū Hauora (three pre-July 2024) or the HQSC (one post-July 2024). Strategies to minimise pressure injuries were in place. Details of incidents/adverse events or post-discharge instructions from an acute facility were recorded in the progress notes, this addresses a recommendation made by HDC following a complaint in 2021 (which is now closed). Evidence was sighted of the required action occurring and ongoing follow-up.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP/NP review was consistently recorded on the medicine chart. Standing orders were not in use at Annie Brydon. Medication errors were managed in accordance with best practice guidelines.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their</p>	<p>FA</p>	<p>The food service provided at Annie Brydon was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 18 May 2024. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 19 January 2024. No areas requiring corrective action were identified, and the</p>

<p>health and wellbeing.</p>		<p>plan was verified for 18 months. The plan was due for re-audit on 19 July 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. During Matariki, Māori Language Week, Waitangi Day and Pasifika Day, the kitchen prepared culturally specific foods for those residents who requested it. The cook also prepared a 'boil up' when the residents requested this. Residents and whānau were able to supply selected foods for residents and the kitchen prepared it for them.</p> <p>Interviews, observations and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the days of audit, when most residents responded favourably regarding the meals provided on these days. In respect to the two residents who expressed dissatisfaction, this was about the meal not being hot enough. This information was passed on to the cook.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</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</p>	<p>FA</p>	<p>Transfer or discharge from Annie Brydon was planned and managed safely to include current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p>

care or support.		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, maintained and that they met legislative requirements.</p> <p>The building had a building warrant of fitness which expires on 15 October 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There have been no changes to the facility since the previous (certification) audit; therefore, no changes are required to the Fire and Emergency New Zealand (FENZ) approved evacuation plan. However, a finding from the audit identified that there were no staff on night duty with first aid certification on the rosters reviewed. This has been addressed. Four weeks of roster were reviewed; first aid certified staff were identified on the roster, and there was a first aid certified staff member on the roster 24/7.</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</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing</p>

<p>safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. 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>body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Annie Brydon undertook surveillance of infections appropriate to that recommended for long-term care facilities, and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance. Data collected included ethnicity data.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body and shared with staff.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Heritage Lifecare is committed to a restraint-free environment in all its facilities, and Annie Brydon was restraint-free. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., use of intentional rounding (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation confirmed that restraint is discussed at governance level, and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part of the 2023-2024 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency).</p>

<p><b>Subsection 6.2: Safe restraint</b></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 that any form of restraint is always the last resort.</p> <p>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>FA</p>	<p>A finding from the previous (certification) audit identified that six-monthly evaluation of restraint had not been conducted for a resident using restraint at that time. There was only one restraint in use at that time. Since then, restraint has been eliminated in the facility. The processes to evaluate restraint were identified in restraint policies and procedures and the CSM was knowledgeable about the process and able to describe the required evaluations. This addresses the finding from the previous (certification) audit.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>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.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A finding from the previous (certification) audit identified that six-monthly review of restraint use was not taking place at Annie Brydon. Since that time, restraint has been eliminated from the facility and, even if there is no restraint in use in the facility, restraint is reported to the clinical governance group and thereafter to the board. This addresses the finding from the previous (certification) audit.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.