



**Submission to the Health Quality & Safety Commission  
New Zealand on the draft Code of Expectations.**

**31 March 2022**

## About the NZACA

1. This submission is from the New Zealand Aged Care Association (NZACA), the peak industry body for the aged residential care (ARC) industry in New Zealand. We represent over 37,000 beds of the country's rest home industry, or about 93% of the total supply. Our members' services include four categories of care, rest home, hospital, dementia and psychogeriatric, as well as short-term care, such as respite.
2. Our members range from the very small stand-alone care homes from as little as six beds in more remote areas of the country right through to the larger care centres of more than 100 beds, some of which are co-located with retirement villages.
3. Advocating and lobbying to government to shape policies and create an environment that helps our members provide outstanding quality care for older New Zealanders is at the heart of what we do. We provide leadership on issues that impact on the success of our members, for example, the annual contract negotiation with District Health Boards (DHBs), the Health and Disability Standards Review, and workforce recruitment and retention.
4. We produce valuable research, professional development opportunities, information and publications to help our members make informed business decisions, improve capability and keep them up to date with industry developments. We also run the annual industry conference, which is the showcase event for New Zealand's aged care sector.
5. Any enquiries relating to this submission should be referred to Kathryn Maloney, Principal Policy Analyst, [kathryn@nzaca.org.nz](mailto:kathryn@nzaca.org.nz) or Rebecca Chapman, Policy Analyst, [rebecca@nzaca.org.nz](mailto:rebecca@nzaca.org.nz) or by phone on 04 473 3159.

## Overall comment

6. The aged residential care sector is comprehensively regulated through the Health and Disability Services (Safety) Act 2001, the Residential Care and Disability Support Services Act 2018 and associated regulations, including Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 (the Standard), and the Code of Health and Disability Services Consumers' Rights.
7. Operators are audited regularly as part of the accreditation regime and should an issue arise at any time regarding the care of a resident, there is a recognised pathway to discuss concerns and a robust procedure for complaints which now includes the newly appointed role of Aged Care Commissioner. Secure units within care homes are also subject to monitoring by the Ombudsman under the United Nations Optional Protocol to the Convention Against Torture (OPCAT).
8. The draft Code of Expectations (the Code) appears to duplicate other codes and, in particular the recently updated Standard which reflects the shift towards more person- and whānau-centred health and disability services and sees a strong focus on embedding Te Tiriti in everyday practices.
9. It is unclear from the information provided whether the Code is intended to be a guidance document or whether there is expectation of implementation and hence it will be auditable. If the latter, how will it be audited/monitored?

10. According to the Ministry of Health, under the Standard, “people are empowered to make decisions about their own care and support in order to achieve their goals, with a stronger focus on outcomes for people receiving support”. This is similar to the principles behind the Code, which sets how “health and disability service providers and organisations will involve, share decision making and work effectively in partnerships with consumers/whānau. It is essential that health and disability providers apply the principles of Te Tiriti o Waitangi in every engagement with consumers/whānau.”

## Conclusion

11. Resident care and quality of life is of the utmost importance and the Association, along with its members, welcomes thinking and initiatives designed to support providers to improve the resident experience.
12. The Standard came into effect on 28 February 2022. Meeting the new Standard, which includes 28 percent partially mapped or unmapped criteria from the previous Health and Disability Service Standard NZS 8134:2008 version, will be a challenge for many ARC providers to meet due to both financial constraints and the current capacity and capability of the sector (see paragraph 15).
13. The sector needs time to understand and meet the new criteria within the Standard. The Ministry of Health has allowed 12-18 months for providers to address and evidence compliance with unmapped criteria.
14. It may be more appropriate to look at the need for a Code of Expectations following the end of the implementation/compliance period for the Standard.
15. The aged care sector is currently down 1,000 registered nurses or 20% of the workforce, and amid New Zealand’s first Omicron wave. It is the opinion of the NZACA that another level of auditing or compliance is unnecessary for both aged care and the wider health and disability sector and will place unwarranted burden on an already under pressure workforce, particularly if this code is audited or monitored.
16. The NZACA looks forward to discussing this submission with HQSC.
17. Any enquiries relating to this submission should be referred to Kathryn Maloney, Principal Policy Analyst, [kathryn@nzaca.org.nz](mailto:kathryn@nzaca.org.nz) or Rebecca Chapman, Policy Analyst, [rebecca@nzaca.org.nz](mailto:rebecca@nzaca.org.nz) or by phone on 04 473 3159.

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