

Anne Maree Garden Limited - Anne Maree Garden

Introduction

This report records the results of a 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Anne Maree Garden Limited
Premises audited:	Anne Maree Garden
Services audited:	Hospital services - Psychogeriatric services; Hospital services - Medical services; Rest home care (excluding dementia care); Residential disability services - Physical
Dates of audit:	Start date: 13 June 2022 End date: 14 June 2022
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:	72

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 tatou 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

Anne Maree Gardens located in Avondale, Auckland is certified for rest home, psychogeriatric, and hospital level care for up to 99 residents. At the time of the audit there were 72 residents in total. The residents, relatives and general practitioner commented positively on the care and services provided at the service.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Service Standards 2021 and the contracts with the district health board. The audit process included a review of policies and procedures and other documentation; the review of residents and staff files; observations and interviews with residents, family members, managers, staff, general practitioner, and an interview with the purchaser.

The facility manager is appropriately qualified and has been in the role for ten years and is supported by an experienced owner director and general manager (registered nurse). There are robust organisational quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and

in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. A comprehensive ongoing education plan is implemented.

The prospective purchaser (registered nurse) reported the current policies and quality system, and most staff will remain in place following the purchase. The prospective purchaser manages and owns two other aged care facilities in Auckland and has extensive knowledge of the Age-Related Residential Care contract. The expected settlement date is 31 July 2022. The prospective owner will continue to implement existing systems with a transition plan in place should the sale go ahead on confirmation of this audit.

This provisional audit identified the service meets the intent of the standards.

Ō tatou motika | Our rights

Anne Maree Gardens provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan in place. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Anne Maree Gardens provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Services are planned, coordinated, and are appropriate to the needs of the residents. A facility manager and the clinical lead are responsible for the day-to-day operations. The business plan informs the operational objectives which are reviewed on a regular basis. Anne Maree Gardens is implementing an established quality and risk management system. Quality and risk performance is reported across to staff and integrated quality meetings and to the directors. Internal audits, meetings, and collation of data that have been completed were well documented with corrective actions as indicated. There are human resources policies including recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The staffing policy aligned with contractual requirements and included skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Anne Maree Gardens policies and procedures provide documented guidelines for access to the service. The clinical lead and registered nurses (RNs) are responsible for the admission process. The registered nurses are responsible for each stage of service provision. There is an admission package available prior to or on entry to the service. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were reviewed at least six-monthly. There is a multidisciplinary approach to meet assessed needs and desired outcomes. Resident files include medical notes by the GP, nursing team and allied health professionals' documentation.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care staff responsible for administration of medication, complete annual education, and medication competencies. The medicine charts had been reviewed by the GP at least three- monthly.

Residents' food preferences and dietary requirements are identified at admission. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan and snacks are available 24 hours a day.

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

The facility environment meets the needs of residents and is safe, clean, and well maintained. There is a current building warrant of fitness. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating. All rooms have hand basins. There are communal showers and toilets for those in rooms without en-suites. Rooms are personalised.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. There is planned and implemented strategies for emergency management including Covid-19.

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

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. An infection prevention and control management system is in place to minimise the risk of infection to residents, visitors, and other service providers. The infection control coordinator (clinical lead) is responsible for coordinating education and training of staff.

Infection data is collated monthly, analysed, and reported at staff meetings. The infection control surveillance and associated activities are appropriate for the size and complexity of the service. Covid-19 information is shared and accessible to all staff to

read. Covid-19 information and posters for visitors and families are placed around the facility. Adequate personal protective equipment (PPE) stock was sighted. There has been one outbreak since the last audit which was well managed.

A contracted service provides off-site laundry service. Chemicals are stored safely throughout the facility. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner.

Here taratahi | Restraint and seclusion

The restraint coordinator is the clinical lead. There is currently one resident with a restraint in the form of a bed rail. Restraint assessment, interventions, monitoring, and evaluation have been completed. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete. The service considers least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. Anne Maree Gardens is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.

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	28	0	0	0	0	0
Criteria	0	160	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Anne Maree Gardens recognises the importance of tāngata Māori (their cultural heritage). A Māori Health Plan policy is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The audit was opened with staff performing a waiata and karakia. The aim is to co-design health services using a collaborative and partnership model with Māori and Pacific, although the policy focuses on Māori. At the time of the audit there were three residents and two staff who identify as Māori. The service supports increasing Māori capacity by employing more Māori staff members. The management team described encouraging applicants who identify as Māori and supporting all applicants through the employment processes. All staff are encouraged to participate in the education programme and to gain qualifications in relation to their role.</p> <p>The external policy provider advised that the Māori health plan has been recently reviewed to further enhance the care of Māori residents. Residents and whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs.</p> <p>Eighteen staff interviewed (eight care staff, four registered nurses, one maintenance, one kitchen manager, one cook, one cleaner, one laundry worker and one diversional therapist) described how care is based on the resident's individual values and beliefs in relation to their role. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that supports their health and wellbeing. Interview with two residents who identify as Māori confirmed they were supported to maintain individual values and beliefs.</p> <p>Interviews with the management team (one owner director, one general manager and one facility manager) identified the service and organisation are focused on delivering person-centred care which includes operating in ways that are culturally safe. The service provides training that covers Māori health development and cultural safety that support the principles of Te Tiriti o Waitangi.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>Not Applicable</p>	<p>On admission all residents state their ethnicity. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were four residents that identified as Pasifika. For all residents, individual cultural beliefs are documented in their care plan and resident profiles.</p> <p>The existing Pacific health plan, which is linked to the Māori health plan, does not yet adequately address Pasifika, there is a plan in place to improve the Pacific health plan. The external policy provider advised on the day of audit that they are seeking expertise from a Pasifika organisation to assist with the development of a Pacific health plan. There are currently ten staff that identify as Pasifika. The service is open to employing suitably qualified Pasifika staff.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions</p>	<p>FA</p>	<p>Details relating to the Code are included in the information that is provided to new residents and their relatives. The facility manager or registered nurse discusses aspects of the Code with residents and</p>

<p>and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>their relatives on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed at reception in English and te reo Māori.</p> <p>Discussions relating to the Code have been held during monthly resident/family meetings. The residents and relative interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. The service is working on ensure that the service recognises Māori mana motuhake.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available to residents. There are links to spiritual supports. Church services are normally held weekly although this has been disrupted due to Covid restrictions.</p> <p>Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme, which includes competency questionnaires. Interviews with ten residents (eight hospital residents including one on a younger person disabled contract [YPD], one on an ACC contract and one long term support - chronic health contract [LTS-CHC] and two rest home residents) and four family members of psychogeriatric residents and documentation reviewed identified that the service puts people using the services, whānau, and communities at the heart of their services. The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service is encouraging staff, residents, and relatives to have a greater understanding and recognition of Māori mana motuhake. Interactions observed between staff and residents were respectful.</p> <p>The purchaser of the company was interviewed and had a comprehensive understanding of the Code of Rights.</p>
--	--	---

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents stated they have control and choice over activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 confirm that residents and families are treated with respect.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori by using te reo in everyday conversation and engaging with the residents in a manner they relate to. Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported to make decisions about whether they would like family/whānau members to be involved in their care. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place and is implemented. A kaumātua with family links to staff at the facility blesses resident rooms following death and says a karakia. Staff use te reo when greeting Māori residents and are encouraged to use te reo when speaking with Māori residents and whānau. Anne Maree Gardens is actively promoting te reo Māori and working towards ensuring staff adhere to the principles of Te Tiriti o Waitangi. The audit commenced with staff joining in a Māori welcome and karakia. Orientation and ongoing education for staff covers the concepts of personal privacy and dignity. Annual cultural training was last provided in February 2022 with cultural competencies for staff</p>
---	-----------	--

		<p>scheduled for this month.</p> <p>Younger residents with disabilities are supported to maintain their personal, gender, sexual, cultural, religious, and spiritual identities.</p> <p>Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Anne Maree Gardens policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity. The service is working towards developing a strengths-based and holistic model to ensure well-being outcomes for their Māori residents.</p> <p>Staff have completed education on how to identify abuse and neglect in August 2021. Staff are aware of how to value the older person by showing them respect and dignity. All residents and families interviewed confirmed that the staff are caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses. There is a property list and admission, and residents stated their property and valuable items are respected.</p> <p>Police checks are completed as part of the employment process. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy as part of the house rules handbook. Professional boundaries are defined in job descriptions. The service provides education on cultural safety, and boundaries. Staff are encouraged to address the issue, however if they are not comfortable, they are supported by management to do so. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered</p>

		<p>as part of orientation.</p> <p>The purchaser was able to describe how the service would continue to work to ensure that there was no discrimination, coercion, harassment, sexual, financial, or other exploitation. The purchaser was interviewed and understands responsibilities if abuse or neglect is identified and confirmed that they had knowledge of processes to manage any potential incidents and understood how to escalate any issues. The purchaser also understood the Privacy Act and application to service.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback from residents and consequent follow-up by the service. The Code of Rights is discussed at resident meetings as evident in the minutes. Meeting minutes reviewed identified feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented on the resident's progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed. The relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>The communication needs of younger residents are considered and alternative methods are available and used where required.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English, however she understood English, and family are available to assist when required.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do</p>

		<p>so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice, poi nurse specialists which supports RNs and GP with palliative care in a private setting, mental health services, district nurses (wound care specialist) and DHB specialist services including the gerontologist nurse specialist, dietitian, and speech language therapist. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding services involved. The clinical lead and HCAs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>The purchaser stated that they have existing links with the district health board and will access these when required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent which adhere to the Code of health and disability consumer rights. Staff training is in planned to ensure appropriate best practice tikanga guidelines are followed in relation to consent. Ten resident files reviewed included signed general consent forms. There were specific agreements in place for flu and Covid vaccines. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives and documentation demonstrated they are involved in the decision-making process, and in the planning of residents' care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where required. The service is considering ways to ensure that all staff follow best practice tikanga guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager has access to a register for</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 improvement.</p>		<p>logging records of all complaints, both verbal and written.</p> <p>There was one complaint logged in the complaint register for 2022 (year-to-date). The complaints management procedure includes complaints to be documented in the register to include an investigation, follow-up, and replies to the complainant. Advised by the facility manager that staff and the board would be informed of complaints (and any subsequent corrective actions) via staff meetings and board meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern.</p> <p>Resident meetings are held monthly and provide an opportunity for residents to raise concerns. Residents/relatives making a complaint can involve an independent support person in the process if they choose. On interview the facility manager advises this would be documented in the outcome letter that is sent to the complainant.</p> <p>The potential purchaser has knowledge of managing complaints in other aged care facilities owned by them and was able to describe processes including timeframes for responding to complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and</p>	<p>FA</p>	<p>Anne Maree Gardens is located in central Auckland. The service provides care for up to 99 residents at rest home, hospital level care and specialist hospital (psychogeriatric) level of care. The service has a contract for up to nine younger persons with a disability (YPD). There are 66 dual purpose beds.</p> <p>On day one of the audit, there were 72 residents (19 residents in the 20 bed Kowhai Unit (psychogeriatric) including one resident on an ACC contract), 20 rest home level including one on a younger person with disability contract [YPD], 33 hospital level (including one on long term support - chronic health contract [LTS-CHC] and one on an ACC contract. All other residents were under the age-related residential</p>

<p>sensitive to the cultural diversity of communities we serve.</p>		<p>care agreement (ARRC).</p> <p>The service is one of two aged care related services owned by the same company. Owners/directors are the governing body for Logan Samuel Limited, trading as Anne Maree Gardens. The facility manager and owner/director were able to describe the company's quality goals. The service organisation philosophy and strategic plan reflects a resident/family centred approach to all services. The mission statement aims to improve the resident's quality of life while maintaining individuality, dignity, privacy, and freedom of choice. The service believes everyone has some potential and their motto is "Whatever it takes". The values of caring, honesty, integrity, commitment, and continuous improvement are embedded on the services model of person-centred care.</p> <p>Anne Maree Gardens has a 2022 business plan in place with documented business goals to support their mission statement, vision, and values. A strengths, weakness, opportunities, and threats (SWOT) analysis is included as part of the business plan. Site specific operational objectives are documented, and progress is reported at quarterly directors' meetings as evidenced in meeting minutes.</p> <p>The business plan discussed the reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is a Māori staff member who acts as a cultural advisor and a kaumātua associated with the Hoani Waititi Marae who provides advice and support to the owner director and associates in order to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The owner/director supported whānau in a culturally appropriate way including hosting a family hui and providing support to facilitate a Māori residents transfer to home for their last few days.</p> <p>The owner/director (registered nurse with current APC) has been involved with Anne Maree Gardens for 21 years and is involved with the service on a daily basis. The facility manager who has a diploma</p>
---	--	--

	<p>in business management has worked at the service for 19 years and has been the manager for 14 years. The general manager (GM) is based at the sister facility but visits Anne Maree Gardens weekly. The clinical lead (registered nurse) provides a weekly report to the facility manager, GM and director which includes occupancy, infections, adverse events, health and safety and hazard management, clinical concerns, staffing matters, complaints, and training updates. The facility manager discussed the reporting obligations and how reports were sent to the GM and to the two directors of Logan Samuel Limited. Information is reported including financial performance, quality data, clinical concerns, maintenance and health and safety.</p> <p>The facility manager has completed eight hours of professional development related to managing an aged care facility including regular leadership and management training through attendance at NZACA workshops and conferences. The facility manager has recently completed a qualification in business management. The facility manager works Monday to Friday and is supported by a clinical lead, who is experienced in aged care and has been working at Anne Maree Gardens since 2020. The clinical lead works fulltime from Monday to Friday and shares the afterhours on call with senior RNs. The clinical lead is responsible for clinical oversight with support provided by the owner director, the GM and senior RNs who share the afterhours on call cover, HCAs, and activities staff. The facility manager is available for non-clinical concerns afterhours.</p> <p>The prospective purchaser (registered nurse with a current annual practising certificate) has over six years' experience as owner/manager of one aged care facility and one for three years, which provide rest home, dementia, and hospital care in Auckland. The prospective purchaser is committed to meeting all legislative, contractual, and regulatory requirements. The transition plan developed by the prospective owner confirmed that they intend to retain all current staff and will work with the existing director and general manager so that the business has stability during the handover period. The potential purchaser plans to retain the facility manager, clinical lead, and all other staff. They will provide oversight of the facility as the owner directors. The purchaser will develop a</p>
--	--

		<p>business plan during the handover period. One of the purchasers is a kaumātua with links to local iwi and has a focus on promoting a Māori perspective and representation to improve outcomes for tāngata whaikaha. Assuming the prospective buyer confirms the agreement, and the contract goes unconditional, the proposed settlement date is 31 July 2022. The district health board has been informed.</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>Anne Marie Gardens has implemented a quality and risk management programme which has been in use for five years. The programme is part of a full suite of electronically available policies and procedures. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. The facility manager and clinical manager have completed internal audits for 2021 and 2022 as part of the audit schedule.</p> <p>The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed monthly in meetings, quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year.</p> <p>Monthly staff meetings incorporate quality, health and safety, and infection prevention. Discussion at staff meetings includes reports on quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education are discussed. Internal audits, meetings, and collation of data for 2022 year to date were documented as taking place with corrective actions documented where indicated to address service improvements with evidence of progress and signoff when achieved. The facility manager provides a comprehensive memo to staff on the results of each internal audit. Integrated quality meetings are held monthly and include representation or reports from each department (kitchen, HCAs, RNs, maintenance, and management). Resident meetings are held monthly apart from times where Covid posed a risk. Work is underway to ensure that a critical analysis of practice is undertaken to improve health equity.</p> <p>Quality data and trends in data are posted in the nurses' station. The</p>

		<p>corrective action log is recorded on the electronic quality and risk management system, and this is discussed at staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The 2022 resident and family satisfaction surveys and specific food service surveys noted that both residents and family have reported satisfaction with the service provided. All residents including younger people are encouraged to provide feedback.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is working towards meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies have been updated by the external provider to meet the 2021 standards. New policies or changes to policy are communicated to staff via staff meetings and are posted on noticeboards in the nurses' station.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager is the health and safety representative and has undergone previous training. Hazard identification forms are available. The hazard registers were sighted. Health and safety policies are part of the suite of policies and procedures provided by the external consultant. There are regular manual handling training sessions for staff. The noticeboards in the nurses' stations keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist (interviewed) visits the facility twice each week and is available as required. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance.</p> <p>Staff complete individual paper-based reports for each</p>
--	--	--

		<p>incident/accident, with immediate action noted and any follow-up action(s) required as evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears and behavioural concerns). All incidents and accidents are recorded electronically, with incident and accident data collated weekly, quarterly, and whenever indicated, and analysed. Results are discussed in staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations have been conducted as per policy. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical lead.</p> <p>Discussions with the owner director and facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed in 2022 to notify HealthCERT around an incident involving a resident absconding. There has been a Covid outbreak in March this year which was reported to the DHB and MOH. There have been ten section 31 notifications completed to notify HealthCERT (2022 and YTD) around RN staffing issues.</p> <p>Work is underway to assess staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>The interview with the potential purchaser confirmed that they had knowledge of processes to manage any potential incidents and understood how to escalate any issues. The purchaser is not intending to make immediate changes to the existing quality, risk management or health and safety systems and will provide oversight and input where indicated. The prospective purchaser understands external reporting requirements for significant adverse events.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>The registered nurses and a selection of HCAs are required to hold current first aid certificates, as confirmed in staff files. Interviews with</p>

<p>responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>staff confirmed that staffing is adequate to meet the needs of the residents. The facility manager (RN) and clinical lead are available Monday to Friday. In the absence of the facility manager, the owner director is responsible for the running of the facility with support from administration staff.</p> <p>The clinical lead and senior RN provide on call cover for clinical concerns with backup from the owner director. Challenges arise when staff call in as unavailable and the service uses agency nurses when required. The service currently has seven RNs. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The psychogeriatric unit with 20 beds (19 occupied):</p> <p>Morning shift - one RN 8.45 am-3.15 pm supported by a medication competent HCA and three HCAs working from 7 am to 3 pm. A diversional therapist is rostered from 7 am to 3 pm.</p> <p>Afternoon shift - one RN 2.45 pm-11.15 pm and supported by a medication competent HCA and three HCAs working from 3 pm to 11 pm.</p> <p>Night shift - one RN is supported a medication competent HCA and one HCA working from 11 pm to 7 am.</p> <p>The 66 dual purpose beds are rostered as one. The unit is divided into zones and staff rotate through the zones on a regular basis. The unit currently has 20 rest home residents including one ACC resident and 33 hospital residents including one ACC resident and one resident on LTS-CHC.</p> <p>Morning shift - one RN one working from 6.45 am-3.15 pm; supported by a medication competent HCA, six HCAs working from 7 am to 3 pm, one HCA from 7 am to 2 pm, and one HCA working from 7 am to 1 pm. A diversional therapist is rostered from 7 am to 4 pm.</p> <p>Afternoon shift - one RN 3 pm-11.15 pm and supported by eight HCAs</p>
---	--

	<p>(six long shifts and two shorter shifts from 3 pm to 8 pm and 4 pm to 8 pm).</p> <p>Night shift - one RN and three HCA's.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule includes compulsory training (learning essentials and clinical).</p> <p>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The facility manager, clinical lead and registered nurses hold a valid first aid certificate. There is a first aid trained staff member on duty 24/7.</p> <p>Good teamwork amongst staff was highlighted during the HCAs interviews with staff saying they feel well supported by management in all areas. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager and clinical lead are available Monday to Friday and are on call when not available on site.</p> <p>An annual in-service programme is being implemented. Care training online is available to all HCAs, staff and RNs and include modules such as Māori Tikanga, bi-culturalism, and cultural barriers to communication. Staff are encouraged to access this and to learn about and share information on other cultures. The education and training schedule includes all mandatory topics. Cultural competencies and advocacy training was completed in February 2022. There are plans in place to provide additional cultural training that is more specific to Māori and the Treaty of Waitangi. External training opportunities for health care assistants and RN's include training through the DHB and hospice. The service is committed to providing opportunities to provide staff with education on Māori health</p>
--	---

		<p>outcomes and disparities, and health equity.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 33 HCAs, one staff member has completed their level two qualification, seven have completed their level three qualification and 24 have completed their level four qualification. Twenty care staff work in the psychogeriatric unit and 18 have achieved the dementia qualifications. Two staff are new and are working on completing dementia training. The service is implementing systems and processes to provide training to promote staff knowledge to identify health inequities.</p> <p>Staff competencies are completed at orientation and then repeated annually (chemical safety, medication, fire evacuation, health and safety, restraint, infection control, care of sharps, hygiene and personal care of residents, skin care, nutrition and hydration, manual handling, sexuality and intimacy, documentation). Training sessions are delivered as in-services and staff have access to an online portal provided by an external consultant. Topics covered over the past 24 months include (but are not limited to) fire safety, first aid, chemical safety, continence, pain management, palliative care, wound care, the code of rights, infection control/hand hygiene and restraint use. The clinical lead and two RNs are interRAI trained. The staff have completed communication education sessions related to the management of YPD residents with speech impediments and special communication needs.</p> <p>The proposed purchaser confirmed that there are no planned changes to the orientation and training programme or human resource (HR) management when the service is transitioned to new ownership. There are no planned changes to staffing when the purchaser transitions into the service.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the facility manager's office in a locked filing cabinet. Nine staff files reviewed (four healthcare assistants, one cook, one</p>

<p>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>diversional therapist, one maintenance person, one registered nurse and the clinical manager) evidenced implementation of the recruitment process, employment contracts, and police checking. There is an appraisal policy. All staff who have been employed for over one year had an annual appraisal completed.</p> <p>The service actively recruits new staff through te mana in mahi work and income programme. This programme supports Māori's and diverse populations to access equitable opportunities for employment.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Plans are in place to collate and report on staff ethnicity data.</p> <p>A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori. Staff are provided with education relevant to younger people with disabilities. On interview, staff confirmed they are supported in offering clinically and culturally safe and respectful care. Volunteers have not been utilised due to Covid. An orientation programme and background check for volunteers is available.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is not currently identified however plans are in place to maintain an employee ethnicity database.</p> <p>Following any incident/accident, evidence of debriefing and follow-up actions taken are documented. Wellbeing support is provided to staff. Staff wellbeing is recognised through counselling, grief support, social events that are held outside of work, and acknowledging staff</p>
--	---

		<p>contributions and commitment during the Covid pandemic. Staff were provided with present vouchers and fruit baskets in appreciation. Employee assistance programmes are made available where indicated.</p> <p>The prospective owner plans to continue supporting the recruitment and retention of all staff including those who identify as Māori and Pasifika.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident information is held in a secure area. All residents' clinical information is documented in the electronic resident management system. All electronic information is backed up using cloud technology. Paper-based archived records are stored securely.</p> <p>The electronic resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Staff entries are date/time stamped and contain an electronic signature/designation unique to that staff member.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is completed within the first 24 hours of entry.</p> <p>The prospective buyer plans to maintain current methods of collection, storage and use of health information initially.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	<p>FA</p>	<p>The entry to the service policy includes requirements and procedures to be followed when a resident is admitted to the service. Admission information packs are provided for families and residents prior to admission or on entry to the service. The admission agreement reviewed aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Entry into the service is facilitated in a competent, equitable, timely and respectful manner. The admission process is managed by the qualified team, including the general manager (GM) and clinical lead. The service communicates with potential residents and whānau during the admission process.</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Ten resident files reviewed had a needs assessment prior to admission to the service. Screening processes are clearly communicated to the family/whānau of choice where appropriate, local communities and referral agencies. The enduring power of attorney (EPOA) and/or Next of Kin (NOK) of each resident was in place in files sampled. Families and residents reported that the admission agreements were discussed with them. The clinical lead described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Details relating to the Code of Health and Disability (the Code) are included in the information that is provided to new residents and their relatives. The facility manager or clinical lead discusses aspects of the Code with residents and their relatives on admission. Consumers' Rights are displayed at reception in English and te reo Māori. On admission all residents state their ethnicity.</p> <p>The clinical lead advised that family members of Māori, Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. The clinical lead reported the service have connections to local Māori health organisations and Māori community groups to improve health care for Māori residents. Māori staff also support Māori residents meet their needs.</p> <p>The facility manager reported that all potential residents who are declined entry are recorded. When an entry is declined relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer/family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. The service communicates with other agencies that are involved with the resident such as the hospice, and DHB specialist services.</p> <p>The service collects ethnicity information at the time of admission from individual residents/family. This is recorded on the admission record however, the facility does not currently do routine analysis to show</p>
---	---

		entry and decline rates for Māori and is working on a plan.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Ten resident files were reviewed: four psychogeriatric including one resident on an LTS-CHC contract; four hospital residents including one resident on an ACC contract and one younger person (YPD) on a disability contract; and two rest home level residents.</p> <p>The service uses an electronic file system and records also include hard copies. The service is transitioning to integrate all hard copies into the electronic resident-record system.</p> <p>Initial assessments, interRAI assessment and care plans were completed by the clinical lead and nursing team on admission. All were completed within contract timeframes. All residents including the residents not on age-related contracts had interRAI assessments completed. Long-term care plans were developed based on a range of clinical assessments, including interRAI, referral information, resident, and family input.</p> <p>Medical assessments were completed within five working days of admission, as clinically indicated, and reviewed when resident's condition changes, or monthly, unless the resident's condition is documented as stable. Three monthly medical reviews include members of the multidisciplinary team. This was verified in reviewed residents' records and interviews with staff. Care plans were reviewed at least six-monthly.</p> <p>All care plans reviewed identified that interRAI assessments and the relevant outcome scores were supported as part of care plan goals and interventions.</p> <p>Short-term care plans are developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. These plans are being reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These have been added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical lead and RNs as evidenced in the records sampled.</p>

		<p>Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>Examples were sighted of referrals made to the doctor when a resident's needs changed, and timely referrals to relevant specialist services as indicated. Systems are in place to promote continuity of care, such as detailed progress notes, verbal handover (observed) at the start of each shift, and written handover sheets were sighted.</p> <p>The GP interviewed spoke positively about the staff, commented on the RNs skills and in reporting changes timely, in resident health condition changes and in emergencies. A physiotherapist visits the facility twice per week, mobility of new residents is assessed, and any concerns are followed up. Post falls assessment are completed. Resident care plans reviewed included mobility equipment required and related risks.</p> <p>There were 12 reported wounds in the wound register. Wound documentation reviewed identified wound assessments, wound management plans, photos and short-term care plans were maintained. There was one resident with a stage two pressure injury. There is access to assistance with wound management from the district nursing service. One resident had been transferred to the DHB recently with a stage 4 pressure injury for further management of the wound.</p> <p>The following monitoring charts were sighted as being completed in assessing and monitoring residents: fluid balance charts, turn charts, neurological observations forms, nursing observations, wound monitoring forms, blood glucose, and restraint monitoring charts.</p> <p>Challenging behaviour incident reports and progress notes were completed. Behaviour assessment and behavioural management plans were completed, and regular reviews were conducted by the GP. Staff interviewed were aware and knowledgeable on de-escalation methods to be used in case of any challenging episodes.</p> <p>The Māori Health care plan in place reflects the partnership and</p>
--	--	--

		<p>support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. Residents with disabilities are assessed by the contracted physiotherapist and equipment is available as needed.</p> <p>Resident and whānau/family interviewed confirmed that religious, cultural and beliefs are respected. Anne Maree Gardens staff have an understanding of Māori oranga and have implemented systems to support Māori and whānau to have input into their own pae ora outcomes in their care plan. The support required to achieve these shall be clearly documented, communicated, and understood. The staff confirmed they understood the process to support residents and whānau. The care plan reviewed of a resident that identified as Māori included a cultural assessment and interventions to support their wishes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities team provide activities across the rest home/hospital and PG unit. There are two diversional therapists and one activities coordinator. The activity team works Monday-Friday. Healthcare assistants are supported and encouraged to provide activities on the weekend in all three areas. Group activities and one-to-one activity sessions are scheduled for residents.</p> <p>Activities specific for younger residents is considered and personalised. The team supports the YPD residents to maintain interests in the community.</p> <p>The planned activities programme provides residents with a variety of individual and group activities and maintains their links with the community. The weekly activities programme is displayed on a calendar. Activities include (but are not limited to) entertainment, movies, church services, dancing and walk and talk sessions, community and whānau activities, pet therapy, and exercise.</p> <p>The activities team and physiotherapist have implemented a quality</p>

		<p>initiative called 'Residents from Wheelchair to walking'. This initiative has had positive outcomes for some residents. The activity team encourage the use of Māori greetings, Māori staff pray, and specific festivals. An example was where staff and residents enjoyed a celebration following the blessing completed by a Māori spiritual leader of a new wing in the facility. The DT interviewed explained all cultural and specific ethnicity requirements are met through partnership with residents, families, and staff.</p> <p>Resident's individual activity plans are displayed in each resident room for care staff to follow. Residents' files sampled reflected residents preferred activities. Interviews with residents and relatives confirmed that the activity programme was meeting their needs and there was plenty of choice.</p> <p>Residents in the psychogeriatric unit have 24-hour care plans implemented with activities planned around times when the resident is more likely to exhibit behavioural symptoms. Activities in this unit include music, walking outside in the garden and one on one activities designed to meet individual needs of the residents.</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 policies and procedures are documented and implemented and are available to guide staff. All medication policies comply with legislation appropriate protocols and guidelines. Medication management systems in place are appropriate. The medication treatment rooms were secure.</p> <p>There is an electronic medication record system implemented for this service. Registered nurses and medication competent healthcare assistants complete annual competencies and education.</p> <p>A sample of 20 electronic medication records were reviewed. There was evidence of the general practitioner (GP) reviewing the medication record three monthly or more often as required. The contracted pharmacist ensures medication reconciliation occurs when residents are admitted, and this is an ongoing process. The clinical leader ensures a system is in place for reviewing any treatments/medications that are provided on a short-term basis in</p>

		<p>partnership with the GP. No residents were self-administering medicines during the on-site audit.</p> <p>Weekly audits are completed by the clinical lead. The pharmacist also completes monthly audits to ensure the documentation is entered into the electronic system. The staff competencies for those responsible for administering medicines were current and up to date.</p> <p>Medication records included a photograph of the resident and allergy status. All 'as required' medications had indications and maximum doses, and short courses medications had a start and finish date. 'As required' medication administration included a reason for administration and the outcome has been documented by the registered nurses. Over the counter medications and supplements are prescribed on the electronic medication system. All medication records had been reviewed within the past three months by the GP.</p> <p>A medication round undertaken by an RN was observed; the principles of safe medication administration were followed.</p> <p>There were no standing orders in use. The medication policy clearly outlines that residents, including Māori residents and their whānau, are supported to understand their medications. Younger residents are supported should they wish to self-medicate.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The chef oversees the procurement of food, and management of the kitchen and dietary services. The chef is supported by two cooks and kitchen staff. There is a four-weekly seasonal rotating menu in use. The menu is prepared with feedback from residents /whānau. The menu was last reviewed by a dietitian February 2021. The menu provides pureed/soft meals. A nutritional assessment is undertaken for each resident on admission and a dietary profile developed. The residents' weights are monitored monthly, and supplements are provided to residents with identified weight loss issues.</p> <p>Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the chef. Residents and family/whānau interviewed expressed their satisfaction with the meal</p>

		<p>service.</p> <p>The kitchen is adequately equipped. All meals are cooked on site. Meals are transported to the two dining rooms in hot boxes. The temperature of food is checked before serving. On the day of audit, meals were observed to be hot and well-presented.</p> <p>Residents are weighed monthly unless this has been requested more frequently due to weight loss. The long-term care plan section for nutritional needs included a section on the international dysphasia diet. Any swallowing difficulties are recorded on the care plan.</p> <p>There is a kitchen manual that includes a range of policies and procedures to safely manage the kitchen and meal services. Checking of fridge and freezer temperatures, and kitchen inspections are completed. The kitchen was observed to be clean and tidy, food pending to be served was labelled, and food items stored in the fridge had current dates and labels. There were no expired food items in stock. There is no decanting of dry goods. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. There is a verified food control plan that expires 2 July 2023. All food services staff have completed online food safety training.</p> <p>The chef interviewed, reported that residents are offered varied menu options. Cultural beliefs, values and protocols around food could also be described. The personal food preferences, cultural choice, any special diets, and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Snacks and drinks are available for residents who wake during the night and on a 24-hour basis.</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</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form notification from the DHB is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and stored in a locked cupboard in a secure area. If a resident's information is required by subsequent GP or service, a written request is required for the file to be transferred. The clinical lead reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or kaupapa Māori agencies were indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as podiatrists, gerontology nurse specialists, wound care specialists, and physiotherapists was sighted in the files reviewed. EPOA/whānau/family are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</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>The building holds a current warrant of fitness valid until (1 June 2023). The maintenance person (interviewed) works Monday to Friday for routine work and attend to urgent requests by the staff 24/7. There is a maintenance request book for repair and maintenance requests located in the nurses' station. This is checked daily and signed off when repairs have been completed. There is a proactive and reactive maintenance programme and buildings, plant and equipment are maintained to an adequate standard. There is a monthly, six-monthly, and annual maintenance plan that includes electrical testing and tagging checks, call bell checks, and monthly testing of hot water temperatures. Calibration of medical equipment and scales has been completed by an external contractor. Essential contractors/tradespeople are available 24 hours as required.</p> <p>Gardeners are contracted to maintain gardens and grounds. There are expansive gardens including areas for residents to walk safely.</p> <p>The secure psychogeriatric area has a wide deck on one side of the wing with safety fencing in place. The external area for the psychogeriatric area was under construction at the time of the audit due to unexpected delays as a result of bad weather. The owner</p>

	<p>director confirmed this area including planting would be completed over the next few weeks and before the planned possession date. An enclosed vegetable garden adjacent to this area is bordered by a building on one side. It is proposed that planned planting will provide an enclosed area for the psychogeriatric residents. The dual-purpose wings had access to a spacious deck area surrounding two sides of the building with views of the estuary. All communal areas are easily accessible for residents with mobility aids including ramp access. The external courtyards, decks and gardens have seating and shade.</p> <p>Resident rooms are refurbished as they become vacant. The corridors are sufficiently wide enough to promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home, psychogeriatric and hospital level of care residents.</p> <p>On the day of audit, nine dual purpose rooms were unavailable and had been recently renovated pending finishing touches. All rooms are single occupancy. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. All bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating and ceiling panels which are adjusted centrally.</p> <p>A small number of resident rooms had toilet or full ensuites. The remainder all had handbasins. There are sufficient communal bathrooms/showers within the facility with privacy locks and privacy curtains to meet resident needs. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate hoists where necessary, shower chairs and commodes. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise</p>
--	--

		<p>their bedrooms as viewed on the day of audit.</p> <p>There are three dining areas (two in the dual-purpose wing and one in the psychogeriatric area). The main dining room in the dual-purpose area is adjacent to the kitchen and open plan with doors that open out to a garden with outdoor seating and shade. There is an alternative small lounge area where more dependent residents have meals. There is an open plan dining and lounge area for the psychogeriatric wing. There is a main activity lounge and smaller lounges and seating areas available throughout the facility. Many rooms have opening doors out onto the courtyards. There is a whānau room in the dual-purpose area and a separate whānau waiting area in the psychogeriatric area. There are areas in the dual-purpose wing where younger residents can have privacy.</p> <p>The facility manager stated they were open to seeking Māori input to ensure reflection of the aspirations and identity of Māori. The proposed purchaser is open to Māori input for future building and or renovation.</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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management flip charts procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is specific information included in emergency and pandemic plans for the psychogeriatric unit.</p> <p>A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. A fire evacuation drill was last held in March 2022.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in three identified cupboards. In the event of a power outage the service has an arrangement with an external source to provide back-up generators available from an electrical service provider and gas cooking. There are adequate supplies in the event</p>

		<p>of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed on enunciators in corridors and staff carry pagers to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours, staff complete security checks at night. Currently, under Covid restrictions visiting is restricted. Visitors are instructed to press the doorbell for assistance.</p> <p>The purchaser will continue to stock and check essential, emergency, and security systems.</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 clinical lead (RN) is the infection prevention coordinator (IPC), and is a part of the management team. The IPC oversees infection control and prevention across the service. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations. The infection prevention plan is developed by an external consultant and collated data is reviewed against this. The IPC provides a weekly report as part of the clinical lead report. The IPC reported that they have full support from the RNs regarding infection prevention matters. This includes time, resources, and training.</p> <p>Three monthly management meetings include discussions regarding any residents of concern, including any infections. These meetings are attended by the general manager (GM) and director/owner who remain fully informed. Staff are made aware of new infections through daily handovers on each shift and reporting.</p>

		<p>The IPC has appropriate skills, knowledge, and qualifications for the role, having completed online infection prevention and control training as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, and the GP, as required. The IPC has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>The infection prevention (IP) and Antimicrobial Stewardship (AMS) were developed in alignment with the strategic document and approved by governance and linked to a quality improvement programme.</p> <p>The purchaser described management of Covid-19 in other facilities with these matching Ministry of Health and district health board instructions. The purchaser stated that they would continue to provide services underpinned by the MoH instructions and framework.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a documented infection prevention and control programme that is reviewed annually. A review of the programme is completed by the IPC. A position description for the IPC was in place and this was sighted during the audit.</p> <p>The service has guidelines in place to manage and prevent exposure to infections. Infection prevention and control training is provided to staff, residents, and visitors. There were adequate supplies of personal protective equipment (PPE) and hand sanitisers in stock. Hand washing audits were completed as per schedule. Policies and procedures are documented and reviewed regularly. Staff are advised not to attend work if they are unwell or self-isolate and get tested if they have been in contact with a person who has tested positive for Covid-19. All residents and all staff were vaccinated for Covid-19 and influenza. Completed records were sighted in all files sampled.</p> <p>During Covid-19 lockdown there were regular zoom meetings with the DHB, and the infection control nurse specialist provided a forum for</p>

		<p>discussion and support for facilities. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests should this occur. Information and resources to support staff in managing Covid-19 were regularly updated. Covid-19 screening including rapid antigen testing continues for staff, visitors, and contractors before entering the building. Strict visitor controls are in place and all staff perform a rapid antigen test (RAT) daily. Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p> <p>The infection control policy sighted was updated to include Covid-19 and policies and procedures around reusable and single use equipment. The IPC reported that there are documented appropriate decontamination procedures in place for medical equipment and devices used in the delivery of care. Internal audits are completed twice a year and all corrective actions are documented and verified at the audit. The clinical lead interviewed reported that cultural advice is accessed where appropriate. The owner director has clinical and infection prevention expertise and has input along with the IPC into the procurement processes for equipment, devices, and consumables used at Anne Maree Gardens.</p> <p>The service has documented policies and procedures in place that reflected current best practices. Policies and procedures are accessible and available for staff in the nurses' station and online, these were current. Care delivery, cleaning, laundry, and kitchen staff were observed following organisational policies, such as appropriate use of hand sanitisers, good hand washing technique, and use of disposable aprons and gloves. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. Staff training on infection prevention and control is routinely provided during orientation and annual in-service education. In-</p>
--	--	---

		<p>service education is conducted by either the IPC or other external consultants. The infection training includes handwashing procedures, donning and doffing protective equipment, and regular Covid-19 updates. Records of staff education are maintained. The clinical lead (IPC) has appropriate skills, knowledge, and qualifications for the role, has completed external training in infection prevention and control and attended relevant infection control study days, as verified in training records. The clinical lead completed various infection prevention and control training online such as hand hygiene, pandemic planning, outbreak training, donning, and doffing. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, the GP and public health unit, as required.</p> <p>The service has hand hygiene posters which incorporate te reo Māori into infection prevention information for Māori residents and is working towards sourcing educational resources in te reo. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. Resident education occurs as part of the daily cares. Residents were kept informed and updated on Covid-19 policies and procedures through resident meetings and memos.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Anne Maree Gardens is committed to responsible use of antimicrobials. The service has anti-microbial use policy and procedures which have been developed by an external consultant and are appropriate for the size and scope of the service. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The clinical lead is responsible for implementing the infection control programme and on interview confirmed there is adequate information and resources to implement the programme. Infection control reports are completed monthly, and these are discussed at management and staff meetings. Staff confirmed that infection rates information is shared promptly.</p> <p>The IPC has access to all relevant residents' data to undertake</p>

		<p>surveillance, internal audits, and investigations respectively. Specialist support can be accessed through the district health board, the medical laboratory, and the attending GP. Prescribing patterns of medical practitioners who access the facility are also monitored. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) meets recommendations for long-term care facilities and is in line with priorities defined in the infection control programme. The data is collated by the clinical lead and analysed monthly to identify any significant trends or common possible causative factors. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings and three-monthly management meetings. Evidence of completed infection control audits was sighted.</p> <p>Staff interviewed confirmed that they are informed of infection rates as they occur. The GP was informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections.</p> <p>The service is actively working to ensure surveillance of health care-associated infections including ethnicity data. There was a Covid-19 infection outbreak in March 2022 which was managed according to policy. Nine residents and three staff members were affected. There have been no other outbreaks since the previous audit.</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>	FA	<p>The service policy describes safe and appropriate storage and disposal of waste, infectious or hazardous substances, including storage and use of chemicals. Sharp's containers are available and meet the hazardous substances regulations for containers. Personal protective equipment (PPE) including gloves, aprons, and goggles are available for staff throughout the facility. There is a sluice tub with personal protective equipment available including a face visor available. Staff have completed chemical safety training. Material safety data sheets were available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>occur. Staff have completed chemical safety training</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient housekeeping and laundry services. Communal laundry is processed by a contractor off site and collected seven days of the week. The linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. The designated laundry area has a dirty clean flow and the staff responsible for the area (interviewed) had an excellent knowledge of health and safety and infection control and prevention.</p> <p>Cleaning is conducted seven days a week and there are two cleaning personnel on each day. The designated cleaning staff who have had training in chemical safety and infection prevention and control practises. The cleaners in their respective wings are involved in sorting out the clean laundry and delivering it to resident rooms and completing regular cleaning requirements. The cleaners' trolleys were attended at all times and are stored safely when not in use. Cleaning of frequently touched areas and accessed areas was increased due to Covid-19. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available.</p> <p>Cleaning and laundry services are monitored through the internal auditing system and corrective actions are acted upon. The residents and EPOA/whānau/family interviewed reported that the environment was clean and were satisfied with laundry services.</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</p>	<p>FA</p>	<p>The restraint policy states, 'The company's villages are a non-restraint environment and are committed to providing services to all residents without use of restraint'. The organisation and the service are planning to work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. The owner director on interview described the focus on working towards a restraint-free environment.</p> <p>Any restraint use is reported through weekly clinical lead reports to the FM. The FM reports to the GM and owner director. The owner director is involved in the service on a regular basis and supports the</p>

<p>restraint in the context of aiming for elimination.</p>		<p>management team on eliminating any restraint use. Restraint use is part of KPIs identified and reported at all levels of the service.</p> <p>The restraint coordinator is the clinical lead (CL). There is a job description, and the CL has completed specific training to the role through the DHB. The restraint coordinator monitors environmental impacts on the use of restraint and implements changes that contribute to restraint minimisation. An example of this is the use of low-low beds and fall out mats. The restraint committee meets three monthly and monthly when restraint is in use. There is currently one resident with a bedrail. While the resident has requested the use of the bed rail for security, the service is managing this as restraint.</p> <p>The restraint management policy and procedure inform the delivery of services to avoid the use of restraint. The use of alternative methods is a focus of the policy. The policy includes holistic assessment processes of the person, support plan, and information on avoiding the use of restraint.</p> <p>Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The in-service programme for 2021 and 2022 included restraint training for staff and all staff have current restraint competencies. A training register supports management to monitor those staff who have not completed training or competencies are out of date.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure 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,</p>	<p>FA</p>	<p>The restraint committee has determined and approved the following restraint equipment types, which includes bedrails, chair lap belt and fall out chair. Restraint is only initiated, and as a last resort after consultation with a doctor, registered nurse, and restraint coordinator and involve the resident and/or their next of kin/representative. There is an implemented process describing the frequency and extent of monitoring restraint that relates to identified risks.</p> <p>The assessment process includes alternatives and identifies interventions and strategies that have been tried or implemented. There is one resident identified on the restraint register with a bedrail.</p>

<p>and only use approved restraint as the last resort.</p>		<p>A restraint assessment had been completed which linked to the care plan. The care plan included interventions to manage the resident's safety and dignity. Monitoring requirements are identified in the care plan. Records reviewed identified the regular two-hourly monitoring while the bedrail is in place. Progress notes describe restraint events. The restraint use is evaluated monthly. The evaluation considered those listed in 6.2.7. The resident and family/whānau are involved in the review.</p> <p>The restraint policy includes clear guidelines around the use of emergency restraint. The policy states a full review of each restraint incident will be completed, and the report forwarded to the restraint committee for consideration. There have been no events of emergency restraint at Anne Maree Gardens.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</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>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. Internal audits are completed six-monthly. The outcome of an internal audit goes through to the restraint committee and the combined quality/staff meeting. The restraint committee meets three monthly and includes a review of restraint use, restraint incidents, and education needs. Restraint data including any incidents are reported as part of the clinical lead report to the facility manager. The restraint coordinator described how corrective actions would be implemented where required.</p>

Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

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 of this audit.

No data to display

End of the report.