

Nurse Maude Association - Nurse Maude Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, 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: Nurse Maude Association

Premises audited: Nurse Maude Hospital

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

Dates of audit: Start date: 1 November 2022 End date: 3 November 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: 57

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.

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

Key to the indicators

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

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

General overview of the audit

Nurse Maude Hospital is operated by the Nurse Maude Association board. It provides hospital and residential care for up to 75 residents. The service also offers support care for end of life (EOL) and long-term care for people with chronic conditions. There are no occupation right agreements in the facility. There has been a change of clinical manager since the previous audit in 2021.

This certification audit against the Health and Disability Services Standards 2021 included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, allied health providers and a general practitioner in attendance.

Strengths of the service, resulting in a continuous improvement rating is the well-established and implemented quality and risk management system. No areas for improvement were identified.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Nurse Maude Hospital works collaboratively to support and encourage a Māori world view of health in service delivery with support from a Māori liaison and Kaihautū Māori/Quality coordinator. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe. There are good linkages with the local Pasifika community organisations.

Nurse Maude Association hospital provides an environment that supports residents' rights and ensures residents are safe from abuse and neglect. Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. There are pamphlets on the Code in the reception area. Posters of the Code are displayed in the hallways.

Residents and whānau receive information in an easy-to-understand format. They feel listened to and are included when making decisions about care and treatment. Care plans accommodate the choices of residents and/or their families/whānau. Open communication between staff, residents, and families is promoted and confirmed to be effective. There is access to interpreting services if required. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

Complaints are resolved promptly and effectively in accordance with the timeframes outlined in Right 10 of the Code of Health and Disability Services Consumers' Rights and in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The board assumes accountability for delivering high-quality services across all its operations. There is a Māori representative on the board and on the clinical governance committee. The goal is to reduce barriers and to improve outcomes for Māori and people with disabilities accessing the Nurse Maude services.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined and implemented. Performance is continuously monitored, reported and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and resident care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to sustained improvements. Actual and potential risks including any health and safety risks, are identified and mitigated. Document control systems ensure organisational information is current and easily accessible to those who require it.

Adverse events are documented with corrective actions implemented where improvement is required. The service complies with statutory and regulatory reporting obligations.

Staffing levels have been under pressure during and following the pandemic, with the organisation closing to admissions for a short period in the past few months. Presently admissions are being managed to match staffing availability. Some bureau staff are used to support the roster. Skill mix has been maintained to meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good employment practices. A strong training ethos is evident, using a systematic approach to identify and deliver ongoing learning.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people in an electronic patient information system.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

Nurse Maude Hospital has a system to capture the entry and decline information. The clinical nurse specialist (quality and risk) and the hospital services manager manages the entry to service. Information is provided to residents and their whānau on entry to the service, and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required.

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and these are completed within the required timeframes. The general practitioner (GP) completes a medical assessment on admission, and reviews occur three monthly. Long-term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly.

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

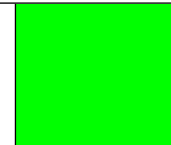
Two activities coordinators and an activities assistant manage the activity programme. The programme provides residents with various individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. A contracted dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and families confirmed satisfaction with the meals provided.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



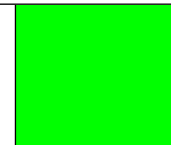
Subsections applicable to this service fully attained.

The purpose-built facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. The electrical and biomedical equipment has been tested as required. External garden areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. There is flat access and a lift between the two floors.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular trial fire evacuations. The staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.



Subsections applicable to this service fully attained.

The infection prevention control officer (IPC officer) role is shared between the clinical manager, clinical nurse specialist quality and risk, and registered nurse. The IPC officers have completed formal IPC training. The IPC committee is supported by representation from all areas of the service. The IPC team has access to a range of resources. Education is provided to staff at induction to the

service and annually after that. Internal audits are completed with corrective actions completed where required. Policies and procedures are implemented around antimicrobial stewardship, and data is collated and analysed monthly.


There is a comprehensive pandemic plan.

Surveillance data is undertaken. Data on infection incidents is collected and analysed for trends, and the information is used to identify improvement opportunities. Staff are informed about infection control practices through meetings and education sessions.

There are documented processes for managing waste and hazardous substances in place.

Documented policies and procedures for the cleaning and onsite laundry services are implemented. Dedicated housekeeping staff undertake all cleaning duties. Appropriate monitoring systems are in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint and safe practice policies and procedures are in place. The restraint coordinator oversees restraint elimination. On the day of the on-site audit, there were no residents using restraint. The service is committed to restraint elimination.

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	27	0	0	0	0	0
Criteria	1	166	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>Nurse Maude Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation’s values. A partnership approach focuses on Māori aspirations for hauora and equity. Māori residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe in the service. There are increasing numbers of Māori residents in the service.</p> <p>A Māori health plan has been consulted and is in draft (2022 – 2025) awaiting ratification. It has been developed with input from cultural advisers and local iwi and is used to guide support for residents who identify as Māori. Tikanga guidelines have been updated following consultation and include consent processes that reflects and respects mana motuhake. This flip chart is being distributed to all Nurse Maude services.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</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>FA</p>	<p>The Nurse Maude 2020 – 24 Pacific Peoples plan details the strategic direction and actions with five clear goals to improve health equity. It provides one framework for delivering health care to Pasifika peoples. The review of the plan was led by a Pasifika staff member who worked in partnership with local Pacific communities and organisations to provide a Pacific plan that support culturally safe practices for Pacific peoples using the service. Efforts are being made to create a safe environment for Pasifika people to enter the service and to ensure their worldview, cultural and spiritual beliefs can be embraced. Connections to local Pasifika services are strengthening, including through networks created through other Nurse Maude services</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Details relating to the Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The registered nurse discusses aspects of the Code with residents and their families/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the three-monthly resident/family meetings. Residents and family/whānau interviewed reported that the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available in the facility's hallway and in the entry pack provided to residents and their families/whānau. There are links to spiritual support and links with Huia Mai. The service recognizes Māori mana motuhake and is reflected in the Māori health care plan. Church services are held weekly.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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>Care staff and RNs interviewed described how they support residents in choosing what they want to do. Residents interviewed stated they are given choices. Residents are supported to decide whether they would like family/whānau members to be involved in their care.</p> <p>Residents have control over and choice of activities they participate in.</p> <p>The Nurse Maude annual training plan demonstrated training is implemented which is responsive to the diverse needs of people across the service. The service promotes holistic care by educating staff about te āo Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. This was confirmed during interviews with residents and families.</p> <p>There are no double or shared rooms. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were optimistic about the service in relation to their values and beliefs being considered. 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 relative's involvement where desired) and is integrated into the residents' care plans. Spiritual needs are identified, and church services and spiritual support are available.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Nurse Maude has implemented their updated Tikanga Māori flip chart in Māori and English for staff, residents, and family/whānau. Te reo resources are available on the education platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and Tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	<p>FA</p>	<p>An abuse and neglect policy is in place. Nurse Maude's policies</p>

<p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Cultural days are practised to celebrate diversity. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about cultural diversity.</p> <p>Staff complete education on identifying abuse and neglect at orientation and annually thereafter as per the training plan. Staff are educated on how to value older people, including showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Interviews with registered nurses and care staff confirmed their understanding of professional boundaries, their roles and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Staff interviewed indicated they feel safe and happy in their working environment. They stated they are able to comfortably ask questions and felt they were being heard.</p> <p>Te Whare Tapa Whā is recognized and implemented in the workplace as part of staff well-being and to improve outcomes for Māori staff and Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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/family/whānau on admission. Three monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to accidents/incidents, complaints, and open disclosure alert staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Eight accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available.</p>

		<p>Interpreter services are used where indicated.</p> <p>The service communicates with other agencies involved with the resident, such as the hospice and public hospital specialist services (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). Residents/family/whānau provide consent and receive communication regarding these services. Care delivery includes a multidisciplinary team. The RN described the process for providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required.</p> <p>Residents and family/whānau interviewed confirmed they knew what was happening within the facility and felt informed regarding events/changes related to Covid-19 through emails, regular newsletters, and resident meetings</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. Eight resident files reviewed included signed general consent forms. Other consent forms included vaccinations and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans in place. The service follows relevant best practice Tikanga guidelines and understands that the concept of 'next of kin' may be broadly interpreted by Māori. The involvement of whānau in decision-making is welcomed, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and the planning of the resident's care. The service follows the Tikanga guidelines</p> <p>Signed admission agreements were sighted in all of the files reviewed. Copies of the enduring power of attorneys (EPOAs) were on residents' files where available.</p>
Subsection 1.8: I have the right to complain	FA	A fair, transparent, and equitable system is in place to receive and

<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>resolve complaints that leads to service improvements. This meets the requirements of the Code. The quality and risk coordinator has management oversight of the complaints process, with details maintained electronically. Complaints may be made via the complaint form, verbally or by email communication. Information in relation to the Code of Rights is available in te reo and in simplified form to ensure there are no barriers to people accessing information in the service.</p> <p>Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Staff interviewed commented how they would refer any expressed dissatisfaction to the registered nurse or manager (if available). Records of complaints are thorough and detailed. Those sighted showed that complainants had been informed of findings following investigation. A complaint from 2021 was reviewed in detail. A full investigation had been completed, the information communicated to the complainant and the portfolio manager in a timely manner. This process was consistently followed for a small number of other complaints reviewed. Since the previous audit, one Health and Disability Commissioner (HDC) complaint is now being worked through with the advocacy service. Some complaints received related to the visiting arrangements during the Covid related restrictions. Since the last audit, there have been 10 formal complaints recorded, primarily related to food services (x4) and staff communication.</p> <p>Follow up from complaint investigation includes recommendations – this may include scenario training, clarity in relation to resuscitation orders and staff communication one on one discussion.</p> <p>Resident and whānau surveys also capture any areas of concern. Regular resident meetings are also a forum for discussing concerns as noted in the meeting minutes. As an example, some dissatisfaction with the menu resulted in a resident group meeting regularly to communicate concerns. Opportunity for Māori residents and whānau to express dissatisfaction is supported by the Māori Liaison and other Māori staff in the organisation where requested.</p>
Subsection 2.1: Governance	FA	Discussion with two board representatives of the nine-member board

<p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>confirmed clear responsibility for governance across the organisation’s activities and services. The board structure includes two key subcommittees -clinical, quality and risk and finance, with a board member present on these standing committees. Discussion included reference to current risk concerns, including workforce shortages and health system changes. A sample of reports sighted and discussion with the board confirmed adequate information is provided to enable effective monitoring of performance.</p> <p>There is meaningful inclusion of Māori on both the board and subcommittee structure, with efforts to increase diversity and embed cultural practices, commencing with greetings and waiata. Senior staff have recently been developing skills and knowledge in Te Tiriti, equity and Māori tikanga. The service as a whole, is seeking to improve outcomes for disadvantaged people including tāngata whaikaha and other groups for whom equity is yet to be achieved. A consumer and stakeholder engagement policy establishes opportunities for residents to express their experience of the services. Surveys are used as one means to gather feedback from resident’s and whānau. These surveys include demographic data which provides a foundation for analysis of equity improvements. A recent hui with Māori and Pasifika has determined the need to focus on health literacy for its communities and this is being developed with ongoing consultation.</p> <p>High quality services appropriate to the size and complexity of the organisation are delivered through the defined governance and leadership structure, including for clinical governance which is well established. The service is led by an experienced manager who has been in the role for four years. A new clinical manager has been appointed since the previous audit.</p> <p>The organisation has a strong commitment to quality improvement through a robust quality management system. There is an extensive history of reporting clinical and other key indicators which supports trending over time. The service is responsive to developing suitable monitoring to ensure the standard of services are maintained. Examples were discussed and reviewed during the audit.</p> <p>The chief executive and service manager confirmed knowledge of the sector, regulatory and reporting requirements. Both maintain currency within the field through involvement with Te Whatu Ora, other</p>
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		<p>providers, national aged care organisations, linkages with professional bodies and networks.</p> <p>The service holds contracts with Te Whatu Ora for aged residential care, respite, complex medical conditions, and palliative care as part of its aged care services in the region. A total of 57 residents were receiving services under the contract (42 people were receiving long term hospital level care, five residents were receiving rest home level care, three people were receiving respite care, four people end of life care and three people were under the serious medical illness contract) at the time of audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Nurse Maude Hospital has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, current good practice policies and procedures, clinical incidents including infections and restraint use. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Quality records of incidents, adverse events and complaints are maintained within a comprehensive electronic system. This contains a wealth of data which can be analysed and trended over time. Residents, whānau and staff contribute to quality improvement. These opportunities occur through contributions to resident and staff surveys, involvement in the internal audit programme and regular staff and resident meetings. The service manager understood and has complied with essential notification reporting requirements when necessary. There has been no coroner, police, health bodies or WorkSafe notifications required. Records of numerous Section 31 notifications sent to the Ministry of Health outlining staffing shortfalls were reviewed.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements. These are on a regular review cycle and those reviewed were current. New documents are generally reviewed after the first year of introduction.</p>

		<p>Processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies are well established, with clear lines of reporting. The board review risks and changes in risks at their monthly meeting.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Over the past two years there have been increasing pressures on staffing, with difficulty recruiting registered and enrolled nurses and consistent staff turnover (currently 4% month on month). This is identified on the organisation's risk register. Although no beds have been closed, there was a period in 2022 when new admissions were not accepted due to staffing levels. Staff interviewed described efforts to recruit/replace staff and reduced staff numbers as being managed as well as possible. Externally contracted staff are used, if necessary, although there is limited availability of registered nurses from this source. Regular casual staffing provides some consistency and maintains skill mix. There is 24/7 RN coverage in the hospital. At least one staff member on duty has a current first aid certificate.</p> <p>Provision of care with reduced staff has been managed with reduced resident numbers on one floor, requiring fewer staff to cover the area. Staff reported that this approach has been helpful in managing the workload. Rosters are able to be flexed up/down. Care staff have a 1:5 ratio in the hospital and rest home. The 40-bed wing has an allocation of seven care staff plus two RNs/ENs on day shifts. The 35 bed wing rosters six caregiving and two RNs/ENs during the day. There were a small number of short shifts not covered on the six-week roster, however resident numbers were also reduced on these</p>

		<p>occasions. Minimum staffing occurs overnight, with rosters indicating a registered nurse, enrolled nurse and four care staff covering the two floors.</p> <p>Continuing education is planned according to an established programme, including the organisation's mandatory training requirements. Related competencies are assessed and support equitable service delivery. Many care staff are long term and have either completed or commenced a New Zealand Qualification Authority education programme (level 3) to meet the requirements of the provider's contract agreement with Te Whatu Ora. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>There are presently three fully trained and competent interRAI assessors, with a further two staff in training and one staff member about to commence training. InterRAI assessments were current, with those remaining to be completed in 2022 able to be used by the staff in training to complete their competencies.</p> <p>A professional development and recognition programme is offered, with one staff member at proficient level. One hospital aide has completed their CAP placement and is now awaiting an annual practising certificate. A small number of staff are undertaking post graduate nursing papers e.g., wound care.</p> <p>Staff reported feeling well supported and safe in the workplace. A wellbeing programme is in place overseen by the health and safety team, which has six trained representatives. It includes monthly wellbeing topics circulated to all staff, a bike challenge including a car free day and other activities to improve resilience. Staff benefits are promoted to new applicants.</p> <p>Information about ethnicity of new appointees is recorded in the system but is yet to be used for planning purposes.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice, relevant legislation and organisational policy. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Review of personnel files for recent appointments demonstrates that all elements</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. 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>are completed prior to commencement. This includes police vetting for clinical staff. Applicants submit an application via an online portal, with the processes followed through to interview, referee checks, vaccination status and validation of professional qualifications. Each step is managed within the system and commencement does not occur until all aspects are completed.</p> <p>Orientation is generic and a structured process with timeframes for completion. The module covers an introduction to Nurse Maude, cybersecurity, privacy & confidentiality, consent, infection prevention and control, health and safety and fire and emergency management. Professional development is guided by a mandatory training and training matrix. The basics of cardiopulmonary resuscitation and automated emergency device training is undertaken two yearly for registered and enrolled nurses, allied health and medical staff. Care staff undertake moving and handling for those with resident contact, with a separate programme for non-clinical staff. Medication and fluid management are based in HealthLearn, with RNs and ENs also completing a syringe driver update. Te Tiriti o Waitangi occurs once only either through prior learning or an internal programme on foundations of cultural competency. Records reviewed indicate the required training is completed in the required timeframes.</p> <p>All care staff must complete level two New Zealand Qualification Authority Foundations of Health and Wellbeing. Levels three and four are optional, however most care staff have commenced or completed this qualification.</p> <p>Staff performance is reviewed and discussed at regular intervals. A review of records indicated these are current or in process for staff in the service. Ethnicity data is recorded for new appointees and used in line with health information standards.</p> <p>A credentialing policy guides the approval and scope of practice of all health professionals and allied health staff who provide clinical services in the organisation. Annual practising certificate expiry is alerted to the service manager through the electronic HR system.</p>
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<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>There is a Storage and Security of Health records policy. Resident files and the information associated with residents and staff are retained and archived on-site. Electronic information is regularly backed-up and is password protected.</p> <p>There is a Privacy and Confidentiality policy for Personal information requests for health information requests.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents' past paper-based archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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 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>FA</p>	<p>On inquiry, an information booklet detailing entry criterion is provided to prospective residents and their families/whānau. A resident admission policy defines the screening and selection process for admission. A review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and the general practitioner (GP) are informed of the decline to entry. Alternative services, when possible, are to be offered, and documentation of the reason is in internal files. The resident would be declined entry if the service they required was not within the scope of the service, or if a bed was not available.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for an entry into the service. All resident</p>

		<p>files reviewed had interRAI and current care plan evaluations in place.</p> <p>The admission policy requires collecting information that includes but is not limited to; ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and referring agency. Interviews with residents and families and a review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The admission data is collected and analysed to identify trends of Māori and other ethnicity.</p> <p>The clinical nurse specialist described relationships with identified Māori service provider groups within the community. The mental health worker who identifies as Māori, assists with admission from the community and supports Māori residents at the facility.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>There is a resident assessment, care planning, and evaluation policy. Work has continued to ensure there are no barriers to tāngata whaikaha accessing Nurse Maude services. Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Eight resident files were reviewed (five at the hospital level and three at the rest home level of care). Initial care plans are developed with the residents'/EPOA consent within the required timeframe. The initial care plan is developed using nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment. They had been completed within three weeks of the resident's admission to the facility for all long-term residents. Documented interventions and early warning signs are consistent with the residents' assessed needs.</p> <p>A review of residents' records showed that the residents participate in care planning. Their plan includes activities and interventions that ensure their physical, mental health, cultural, and well-being needs</p>

	<p>are met. The residents who identify as Māori have a Māori health care plan that describes the support required to meet their needs. The two registered nurses interviewed described removing barriers so all residents have access to information and services needed to promote independence, and working alongside residents and relatives when developing care plans so residents can develop their pae ora outcomes.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Documented evidence shows STCPs have been reviewed promptly and signed off when the problem has been resolved.</p> <p>The GP undertakes the initial medical assessment and ongoing reviews within the required timeframe or when their health status changes. The documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns on time. The RNs communicate with GP via phone call or email for concerns. The facility is provided with access to an after-hours service by the GP.</p> <p>A physiotherapist is employed for 12 hours a week and visits the facility on Mondays and Thursdays to review residents referred by the RNs. There are two physiotherapy assistants onsite who do regular exercises with residents.</p> <p>Contact details for the family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that families are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken where this was required. This was initiated where wounds required additional specialist input, and a wound nurse specialist was consulted. There is a pressure injury assessment and prevention policy. A wound nurse specialist interviewed stated there was good communication with the service and that wound referrals provided were appropriate with accurate documentation. All interventions instructed by the wound nurse specialists are put in place in a timely manner by RNs.</p>
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		<p>Nursing progress notes are maintained. Monthly observations such as weight and blood pressure were completed and were up to date. Neurological observations are recorded following all un-witnessed falls, evidenced in three resident files reviewed. The service has a falls prevention and minimization policy.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and have access to the supplies and products required to meet those needs. Staff handover was done at the beginning of their shift, which was observed during the audit.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months with the interRAI re-assessments and when there is a change in the resident's condition. The RN documents evaluations. The evaluations include the degree of achievement toward meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of hospital discharge letters on file. All discharge plan interventions have been put in place by the RNs. The service has a discharge and transfer policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service has a Te Ora activities programme policy. Two activities coordinators and an activities assistant implement the residents' activities programme. Volunteers visit the facility and provide one on one activities with the resident. Activities for the residents are provided six days a week. At weekends, puzzles, quizzes, and movies are available for residents.</p> <p>The activities programme is displayed in the communal area and on individual residents' noticeboards. The activities programme provides variety in the content and includes various activities incorporating education, leisure, cultural, spiritual, and community events. For those residents who choose not to participate in the programme, one on one visits from the volunteers and activities assistants occur regularly. An outing is organized weekly, and regular van outings into the</p>

		<p>community are arranged. Church ministers visit weekly.</p> <p>The programme has included te reo week, visits from local community groups, and Matariki celebrations. Other cultural activities are organised to include the variety of cultures within the facility. Family/whānau participation in the programme is encouraged.</p> <p>The activities assistant takes residents to hui at another facility every month. The ukulele band, a combination of Māori and Pacific regularly visits the facility. Kaumatua visit the facility twice a week. The facility celebrated Māori language week led by Nurse Maude Kaihautū. Residents made korowai which are displayed in the facility. During the Matariki month, the residents wove putiputi. Residents celebrated Māori food week, where they cooked Māori bread and soup.</p> <p>The activities coordinators complete the residents' activity assessments in conjunction with the RN within three weeks of the resident's admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment that collects information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans.</p> <p>The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging in and enjoying a variety of activities. Three monthly resident meetings are held. Meeting minutes were reviewed and include discussions around activities.</p> <p>The facility is visited by a spiritual worker four hours a week, to support residents who are at the end of life, or those who are grieving.</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>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe electronic system for medicine management was observed on the day of the audit. Sixteen medication charts were reviewed. Prescribing practices are in line with legislation, protocols, and</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>guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>The service uses pre-packaged pharmacy medicines that the RN checks on delivery to the facility. All stock medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>There is after-hours and weekend pharmacy coverage for the facility.</p> <p>The medication refrigerator temperatures are monitored daily, and medication room temperatures are checked monthly. Both were within the recommended range for medication storage.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration where required. Weekly checks of controlled drugs and six-monthly stocktakes were being conducted in line with policy and legislation. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>The staff observed administering medication demonstrated knowledge and complied with the medicine administration policies and procedures. At interview, they demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness in the progress notes was sighted.</p> <p>There were no residents self-administering medication on the day of the audit. The RN interviewed demonstrated knowledge relating to self-administration of medications including resident assessment and safe medication storage.</p> <p>Standing orders are not used at the facility.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The service has a food safety guidelines policy in place. The RN performs a nutritional assessment for each resident on admission, to identify the resident's dietary requirements and preferences. Nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and during interview the kitchen manager confirmed awareness of residents' dietary needs, likes, dislikes, and cultural needs. These are also accommodated in daily meal planning for residents identifying as Māori. The information would be gathered regarding nutritional needs and preferences during the initial assessment and the development of their Māori care plan.</p> <p>All meals are prepared on-site and served in the dining room, or in a residents' rooms if requested. The meals are transported to the dining rooms in hot boxes.</p> <p>The temperature of the food served is taken and recorded. Residents were observed to be given sufficient time to eat their meals, and assistance was provided when necessary. Residents and families interviewed stated that they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. A dietitian has developed the seasonal menu. The service has tikanga Māori guidelines available to support culturally safe practices related to food. The food control plan expiry date is 7 April 2023. The kitchen staff have relevant food handling and infection control training.</p> <p>The kitchen was observed to be clean, and the cleaning schedules were sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry, and the rotation of stock occurs. All dry stock containers are labelled and dated.</p>

		Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Nurse Maude resident transfer/discharge policy. Transition, exit, discharge, or transfer is planned, coordinated, and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care, are provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical manager and RN and a review of residents' files confirmed communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and meet legislative requirements. The building warrant of fitness is current until January 2023. Water temperatures at the tap are maintained within the required range. An electronic asset management system is being introduced and is used to manage service wide assets. This transition of all items is not yet complete.</p> <p>A property manager oversees the routine maintenance in the facility, arranges the electrical and biomedical testing and essential maintenance through a preferred supplier/contractor list. Subcontracts</p>

<p>belonging, independence, interaction, and function.</p>		<p>are used to maintain security, nurse call systems and equipment such as hoists, wheelchairs and electric beds.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Residents can select the temperature of their room according to preference. Personalised equipment was available to meet their needs of residents with disabilities. Spaces are culturally inclusive and suited the needs of the resident groups. Smaller more intimate lounge spaces are available and were seen to be used by residents and visiting whānau. The dining areas are adjacent to the large lounge on each floor. Rooms have ensuite bathrooms, with many having a garden outlook.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Changes in the environment are discussed with residents and whānau.</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>	<p>FA</p>	<p>Emergency evacuation procedures have been prepared by an external fire safety service, including warden responsibilities. The evacuation approval letter is dated December 2018 and is applicable to three buildings on the site, including the hospital. Staff undertake six monthly trial evacuations overseen by an external agency. The most recent was held in July 2022. Suitable equipment is available to evacuate from the second storey.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Alternative power supplies are available in the event of a mains failure.</p> <p>Call bells with a visual alert inform staff to any residents requiring assistance. Residents and whānau reported staff respond promptly to call bells, and this is supported by the electronic call log. Appropriate security arrangements are in place.</p> <p>Registered Nurses and allied health staff are suitably trained in basic life support and AED use (see also 2.3.4)</p> <p>Residents were familiar with emergency and security arrangements, including through the displayed evacuation plans. Hazardous</p>

		<p>substances are stored securely, and spill kits are available. Backup power and water supplies are available.</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>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Nurse Maude strategic plan to ensure an environment that minimizes the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>There is an AMS analysis report where previous data has been used to identify the trend and put interventions/systems in place to minimize the use of antimicrobials.</p> <p>Nurse Maude, as part of their senior management team, has personnel with expertise in IPC and AMS. Expertise can also be accessed by Nurse Maude's quality team, public health, and the local public hospital, who can supply Nurse Maude with infection control resources.</p> <p>There is a documented pathway for reporting IPC and AMS issues to the Nurse Maude Board. Monthly compliance and risk reports are completed by the clinical nurse specialist quality and risk. Monthly collation of data is completed, trends are analysed, and then referred back to the staff for action. The monthly data is discussed in the IPC meeting and quality meetings. Meeting minutes sighted. The three-monthly quality report of the IPC data is created and sent to Nurse Maude's board. The report is explained and graphical with an analysis of the data.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control nurse (ICN), IPC team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, Te Whatu Ora, GP, and wound nurses. The ICN monitors the overall effectiveness of the programme.</p> <p>The CM and the RN are infection control nurses (ICN) and have completed training for the role. A documented and signed role</p>

		<p>description for the ICN is in place. The ICN reports to the Clinical nurse specialist quality and risk.</p> <p>IPC audits are completed as per the annual audit plan, where corrective actions are required, have been completed, and audits sighted.</p> <p>Infection control reports are discussed at the facility's meetings. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</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 infection control programme is appropriate for the size and complexity of the service. The infection prevention and control programme are reviewed annually and is linked to the quality and business plan and has been approved by the Nurse Maude clinical governance committee.</p> <p>There are documented policies and procedures in place that reflect current best practices relating to infection prevention and control and include policies for hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single-use items, healthcare-acquired infection (HAI) and the built environment.</p> <p>Infection prevention and control resources, including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff was observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge of the requirements of standard precautions and were able to locate policies and procedures. Nurse Maude has an organizational pandemic response plan in place, which is reviewed and tested at regular intervals.</p> <p>The ICN and infectious control committee have input when IPC policies and procedures are reviewed.</p> <p>The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training</p>

		<p>around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. The ICN has access to an online training system with resources, guidelines, and best practices.</p> <p>Nurse Maude's IP&AMS committee is chaired by the Nurse Maude Kaihautū Māori and includes Māori and Pasifika clinical staff to ensure culturally safe IP practice acknowledging the spirit of Te Tiriti.</p> <p>At the site level, the clinical nurse specialist quality and risk and hospital services manager have responsibility for purchasing thermometers, face masks, and face shields.</p> <p>Infection control personnel have input into new buildings. There is a policy in place for the decontamination of reusable medical devices, and this is followed. Single-use medical devices are not reused. Educational resources in te reo Māori can be accessed online if needed.</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>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is monitored, recorded, and analysed at the site level. A further discussion occurs at the IPC and quality meeting and is reported to the board. Trends are identified. Feedback occurs from the IPC committee.</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</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the IPC policy in use at the facility. The ICN uses the information obtained through surveillance to determine the service's infection control activities, resources and education needs.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions, are discussed at the infection control, quality, and staff meetings. Meeting minutes are available to staff. The ethnicity data is collected with infection control data.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes, and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed, and requirements, if appropriate, for isolation. Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. The information is delivered in a private and confidential manner, respecting individual cultural values and beliefs.</p> <p>There has been one outbreak, COVID-19, successfully managed and limited to one wing with input and advice from the MoH and Public Health.</p> <p>Hand sanitizers and gels are available for staff, residents, and visitors. Ministry of Health information and Covid-19 information is available to all visitors to the facility.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are waste and hazardous management policies that conform to legislative and local council requirements.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room. Staff receive training and education in waste management and infection control as a mandatory training component.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate for the recognized risks. Observation confirmed that PPE was used in high-risk areas.</p>

		<p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Cleaning staff knows the requirement to keep their cleaning trolleys in sight. The chemical bottles/cans are in storage and noted to be appropriately labelled.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers were witnessed. All laundry, inclusive of residents' clothing, is done onsite. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for hygienic washing, drying, and handling. Residents and families confirmed satisfaction with laundry services in interviews and satisfaction surveys.</p> <p>There is a policy to provide direction and guidance to reduce infection risk during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There was no construction, installation, or maintenance at the audit time.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint approval process is described in the restraint policy and procedures to meet the requirements of the safe restraint standards and provide guidance on the use of restraints. The hospital services manager is the restraint coordinator and is conversant with restraint policies and procedures. The service is committed to restraint elimination.</p> <p>The restraint committee involves a kaihatū to support Māori patients. An interview with the restraint coordinator described the organization's commitment to restraint elimination. On the day of the audit, there were no patients using restraint. Training for all staff occurs at orientation and then twice-yearly.</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>The Nurse Maude quality plan Te Pēwheatanga Kounga 2022 – 2025 has been developed, reflecting ‘planning for safety, improvement and excellence at all levels, across all services and at all times’. Each service has its own quality goals and plan with associated key actions as part of its service action plan. These plans are continuously monitored and updated according to progress against each action. Quality is reported to be highly valued within the organisation.</p> <p>A quality improvement register captures the stage of each improvement activity. Ten improvements activities have been recorded for the 2022 year using the plan-do-check-act cycle as the framework for improvement. Each improvement is recorded and updated according to its stage of progress. Examples include communication with family/whānau following</p>	<p>The mature quality management framework is a strength of the service. It demonstrates thorough planning and follow up of quality improvements and corrective actions. This ensures the actions taken by the organisation are measurable and effective and that they lead to improved outcomes for residents and systems improvements. The sustained quality improvement framework used by the organisation has been continually improved over time.</p>

		<p>a resident satisfaction survey. This is in the 'do' stage and its implementation will be reviewed as part of the annual resident survey scheduled for January 2023. Each stage is fully evaluated.</p> <p>Other examples of improvement were reviewed in detail, including the lunchtime medication round and a linked paracetamol administration time quality improvement. This improvement was identified during completion of medication competencies when it was noted that the time between paracetamol doses was less than the recommended four-hour interval. The PDCA approach was implemented, and a trial period instigated in one area whereby the nurse lunch break occurred before the medication round, thereby commencing one hour later than previously. This proved successful and has now been rolled out to both floors of the hospital. A further enhancement is that a higher percentage of residents are now prescribed paracetamol TDS (Breakfast, Lunch and Bedtime) with an additional pro re nata (PRN) dose available overnight which has further improved the spacing between administrations. A reaudit is planned for December 2022.</p> <p>Overall, the quality management framework is well established and implemented. It has developed well over many years and is a strength of the service. There are robust quality planning and improvement activities implemented which demonstrates a quality loop and measurable improvements in systems and processes, together with benefits for resident care. This is an area of continuous improvement.</p>	
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End of the report.