

Anne Maree Garden Limited - Anne Maree Garden

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 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: 25 May 2023 End date: 26 May 2023
Proposed changes to current services (if any):	The service is requesting to remove residential disability services from the certification.
Total beds occupied across all premises included in the audit on the first day of the audit:	79

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

General overview of the audit

Anne Maree Garden is a privately owned facility certified to provide rest home, hospital level, psychogeriatric, and residential disability services – physical for up to 99 residents. There were 79 residents on the day of audit.

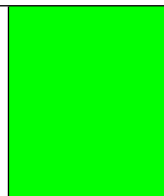
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The manager (registered nurse) is appropriately qualified and experienced. She is supported by a clinical manager and a team of experienced care staff. There are quality systems and processes being implemented. Feedback from residents and family/whānau was very positive about the care and the services provided.

This audit identified an area for improvement required in registered nurse staffing.

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.

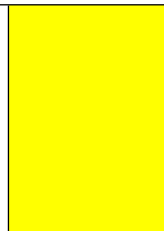
Anne Maree Garden provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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.



Some subsections applicable to this service partially attained and of low risk.

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data

were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

A recruitment and orientation procedure are established. New staff are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented. Careerforce training is encouraged for all healthcare assistants.

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

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.
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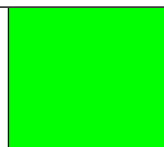
Anne Maree Garden policies and procedures provide documented guidelines for access to the service. The clinical manager, facility manager and registered nurses are responsible for the admission process. There is an admission package available prior to or on entry to the service. The registered nurses 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 healthcare assistants 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

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 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 ensuites. 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.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme are implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Anne Maree Garden. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Pandemic and Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There have been no outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring is appropriate for cleaning.

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.

The restraint coordinator is the clinical manager. There were no residents with a restraint on the day of audit. Policy and procedures are in place for management of a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The service considers least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. Anne Maree Garden maintains 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	26	0	1	0	0	0
Criteria	0	168	0	1	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>A Māori health plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Anne Maree Garden acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Anne Maree Garden are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p>

		<p>The service supports increasing Māori capacity by employing more Māori applicants. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with six residents (two hospital, four rest home) and two family members (hospital). The director, manager, clinical manager and twelve staff interviewed (four healthcare assistants (HCAs), two registered nurses (RNs), one diversional therapist, two cleaners, one receptionist, and two cooks) described how the delivery of care is based on each resident's values and beliefs.</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>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, with Pasifika input.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. For all residents, individual cultural beliefs are documented in their care plan and activities plan.</p> <p>The service is actively recruiting new staff. The manager described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the director, manager, clinical manager, and staff confirmed the service puts people using the services and the local community at the heart of their 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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The manager or clinical manager discusses aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through the Māori health plan, interviews and in policy.</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>Staff interviewed described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family members to be involved in their care.</p> <p>It was observed that residents are treated with dignity and respect. Resident and family satisfaction survey results confirm that residents are treated with respect. This was also confirmed during interviews with residents and family/whānau.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated</p>

		<p>they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Resident files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</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>FA</p>	<p>An abuse and neglect policy is being implemented. Anne Maree Garden policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with management, registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management if they felt that this was an issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for 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.</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/family on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Accident/incident (electronic) forms have a section to indicate if next of kin have been informed (or not). Family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on the accident/incident forms.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who were unable to speak or understand English; however, the service had well documented communication strategies that are able to be implemented by staff when and if 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 so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team approach. Health professionals involved with the residents may include Te Whatu Ora specialist services. All documentation of referrals and specialist consultations were kept on file. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if 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</p>	<p>FA</p>	<p>There are policies around informed consent. The resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and</p>

<p>supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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 demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required, and for all residents in the psychogeriatric unit. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau on entry to the service and is available in te reo Māori. The manager is responsible for maintaining the complaints register. There have been two internal, and no external complaints received since the previous audit. The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints, with complaints forms, and advocacy brochures being available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents or family/whānau making a complaint are supported to involve an independent support person in the complaints process if</p>

		they choose. The manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Anne Maree Garden is located in Avondale, Auckland, and provides psychogeriatric, rest home level of care, hospital level care, and residential disability services – physical, for up to 99 residents. There are 79 dual purpose beds and 20 beds in the psychogeriatric unit.</p> <p>On the day of the audit, there were 79 residents; 22 rest home, including four residents under the long-term support chronic health contract (LTS-CHC), one younger resident with a disability (YPD); 41 hospital, including six LTS-CHC, and two residents on respite (one funded by ACC). The remaining residents are under the age-related residential care contract (ARRC). There were 16 residents at psychogeriatric level of care, including one resident under LTS-CHC; the remaining residents were under the aged residential hospital specialised services agreement (ARHSS).</p> <p>Anne Maree Garden is the trading name of Anne Maree Garden Limited - a privately owned company with two directors. There is a manager (registered nurse), supported by a clinical manager (registered nurse), and an experienced care team. The manager (also a director) meets at least weekly with the other director to facilitate the link between management and governance. The 2022 business plan has been reviewed and the 2023 plan is documented. A mission, philosophy and objectives are documented for the service. The regular meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The manager and director analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The Board has Māori representation. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, staff and whānau who identify as Māori, and tāngata whaikaha reflect their input for the provision of equitable delivery of care.</p>

		<p>The directors, and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</p> <p>The manager has been in the role for one year (since purchase) and has extensive experience in the aged care sector. The clinical manager has been in the role since November 2022 and was previously a registered nurse at the same site. The management team regularly attends aged care conferences, and both manager and the clinical manager have maintained over eight hours of professional development per year relating to their role and responsibilities.</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 Maree Garden has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with management and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Examples of quality improvements implemented since the previous audit include (but are not limited to): new medication management systems, security upgrades, the purchase of pressure injury prevention and falls prevention equipment.</p> <p>Resident meetings are held monthly. Both residents and families have</p>

		<p>provided feedback via annual satisfaction surveys. The 2023 resident survey (completed since purchase), indicate that residents are very satisfied with the services received. No corrective actions were raised. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Board members and staff are kept informed, evidenced in management and staff meeting minutes. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The manager is aware of situations that require essential notifications. Section 31 reports have been submitted related to registered nurse shortages and a change in clinical manager since the previous audit.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</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>PA Low</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (night shift), for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising registered nurse sleepovers, overseas trained nurses (awaiting New Zealand competency and registration), and senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on call.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The manager, and clinical manager are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff</p>

		<p>meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 44 healthcare assistants, 32 have achieved a level 3 NZQA qualification or higher. There are 18 HCAs who work in the psychogeriatric area, all of whom have achieved the required ARHSS specific unit standards.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Five RNs (including the clinical manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Eight staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>annually.</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. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for HCAs supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</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 files and the information associated with residents and staff are kept securely electronically, and in hard copy.</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 archived paper documents are securely stored in a locked room, and electronic records are held securely in the cloud. Both are 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 individual 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>The service is not responsible for National Health Index registration.</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>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/whānau and residents prior to admission or on entry to the service. The admission</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>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 facility manager (FM) and clinical manager (CM). The service communicates with potential residents and family/whānau during the admission process.</p> <p>Nine 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/whānau and residents reported that the admission agreements were discussed with them. The clinical manager 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 FM or CM discusses aspects of the Code with residents and their relatives on admission. Consumers' Rights are displayed at reception in English and te reo Māori.</p> <p>The clinical manager advised that family members are encouraged to be present during the admission process including completion of the initial care plan. The FM/CM 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 to meet their needs.</p> <p>The service collects ethnicity information at the time of admission from individual residents/family. The FM/CM 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 resident or family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents of Māori descent and there were Māori staff members present on the day of audit.</p>
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		<p>The service completes routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The CEO is a Māori kaumātua and guides the service in partnering with local Māori communities, Māori health practitioners, traditional Māori healers and organisations to benefit and support Māori individuals and whānau.</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>Nine resident files were reviewed: two psychogeriatric, including one resident on an LTS-CHC contract; four hospital residents, including one resident on an ACC/respite contract; and three rest home level residents, and one YPD. The service uses 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>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required timeframes. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the RNs and HCAs. Cultural assessments were completed by the RNs who have completed appropriate cultural training. Long-term care plans were also developed with detailed interventions to address identified problems. These were completed within the required timeframes as per the contract. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. Resident, family/whānau and GP involvement are encouraged.</p> <p>Initial assessments, interRAI assessment and care plans were completed by the CM and nursing team on admission. All residents on age-related contracts and the YPD resident had interRAI assessments completed. All were completed within contract timeframes. Long-term care plans were developed based on a range of clinical assessments, including interRAI, referral information, resident, and family/whānau input. The long-term care plans sampled identified residents' strengths, goals, and aspirations aligned with their</p>

	<p>values and beliefs documented. Detailed strategies to maintain and promote the residents' independent wellbeing and where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented.</p> <p>Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or family/whānau responded by initiating changes to the care plan. The evaluations included the residents' degree of progress towards their agreed goals and aspirations, as well as whānau goals and aspirations.</p> <p>The resident on the LTS-CHC had appropriate assessments and an individualised long-term care plan completed. The long-term care plan had been completed and reviewed within expected timeframes. The respite resident had appropriate assessments and a comprehensive care plan documented to meet their needs.</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. The GP interviewed spoke positively about the staff, and commented on the RNs skills and in timely reporting of changes in resident health condition and in emergencies. The GP visits on a weekly basis and as required for acute needs. The GP service is on call 24/7.</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 manager and RNs, as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>Examples were sighted of referrals made to the GP when a resident's</p>
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		<p>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>A physiotherapist visits the facility weekly, 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 nine reported wounds in the wound register. Wound documentation reviewed identified wound assessments, wound management plans, photos and short-term care plans were maintained. There were two residents with a stage II pressure injury. There is access to assistance with wound management from the district nursing service.</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 behaviour 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 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 Garden 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</p>
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		<p>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, cultural plan, 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. 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 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; walk and talk sessions; community and whānau activities; pet therapy; and exercise.</p> <p>The activity team encourage the use of Māori greetings and specific cultural festivals are celebrated. The DT interviewed explained all cultural and specific ethnicity requirements are met through partnership with residents, families/ whānau 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</p>

		activities designed to meet individual needs of the residents.
<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>	FA	<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. There is an electronic medication record system implemented for this service. Registered nurses and medication competent HCAs complete annual competencies and education.</p> <p>A sample of eighteen 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 manager ensures a system is in place for reviewing any treatments/medications that are provided on a short-term basis in partnership with the GP. No residents were self-administering medicines during the on-site audit. There are policies and procedures in place should a resident choose to administer their medication.</p> <p>Weekly audits are completed by the clinical manager. 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. 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</p>

		<p>outlines that all residents and their whānau are supported to understand their medications. Younger residents are supported should they wish to self-medicate medications or access information around medications.</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>	<p>FA</p>	<p>The cook oversees the procurement of food and management of the kitchen and dietary services. The cook is supported by a second cook 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 5 May 2023. 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. Residents are weighed monthly unless this has been requested more frequently due to weight loss.</p> <p>Residents provide verbal feedback on the meals through the monthly resident meetings which is attended by the cook. Residents and family/whānau interviewed expressed their satisfaction with the meal service.</p> <p>The kitchen is adequately equipped. All meals are cooked on site. Meals are transported to the 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>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</p>

		<p>completed online food safety training.</p> <p>The cook 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. All decanted food had records of use-by dates recorded on the containers and no expired items were sighted. The cook reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori where required. A specific Māori menu is available on request.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form from Te Whatu Ora- Te Toka Tumai Auckland 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 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 manager 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, where indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as mental health services, podiatrists, gerontology nurse specialists, wound care specialists, and physiotherapists was sighted in the files reviewed. Residents, EPOA and relatives 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 (2 June 2023). The maintenance person (interviewed) works Monday to Friday for routine work and attends 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 as required. Gardens are maintained by the maintenance person. 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 and an external enclosed deck area off the rooms for the residents to freely wander safely. An enclosed vegetable garden adjacent to this area is bordered by a building on one side. The dual-purpose wings have 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. 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>All rooms are single occupancy, except ten double rooms (dual purpose). Curtains provide privacy in these rooms. 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</p>
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		<p>and ceiling panels which are adjusted centrally.</p> <p>There are a number of rooms with shared full ensuites and toilets. 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 their bedrooms as viewed on the day of audit.</p> <p>There are four lounge /dining areas in the dual-purpose wing. There is an open plan dining and lounge area for the psychogeriatric wing. 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 a main activity lounge and smaller lounges and seating areas available throughout the facility. 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 service actively works with the CEO (Māori kaumātua) towards having cultural consultants regarding any planned building extension, to ensure it reflects the aspirations and identity of Māori.</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 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 May 2023.</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 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 nurses' station to alert staff to residents requiring assistance. Residents were observed to have their call bells in close proximity. Residents and families/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night. The psychogeriatric unit is secure. Visitors are instructed to press the doorbell for assistance.</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 manager (registered nurse) oversees infection control and prevention across the service. The infection control coordinator job description outlines the responsibility of the role of infection prevention and control coordinator. The infection prevention control and antimicrobial stewardship (AMS) programme is appropriate for Anne Maree Garden. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The infection control coordinator is able to access advice from Te Whatu Ora - Te Toka Tumai Auckland infection prevention and control specialist, an external consultant, and the GP. The Board are informed of any infections through the</p>

		<p>manager's report and are informed of any outbreaks immediately.</p> <p>Anne Maree Garden has a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations.</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. 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. 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 coordinator has undertaken recent online education in infection prevention and control and has peer support from the external infection control consultant. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the manager and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The clinical manager, in collaboration with the manager is responsible for the purchasing of supplies and equipment and has access to the clinical nurse specialist from Te Whatu Ora - Te Toka Tumai Auckland for advice if required. The infection control manager would have input to any building projects if required.</p> <p>The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Anne Maree Garden is</p>

		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. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.
<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 is an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</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>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Three-monthly benchmarking via an external consultant also occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. Anne Maree Garden receives regular notifications and alerts from Te Whatu Ora Health - Te Toka Tumai Auckland for any community concerns.</p> <p>There has been one outbreak reported since the previous audit (April</p>

		2023), which was appropriately managed. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families/whānau were kept informed by phone or email. Visiting was restricted.
<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>	FA	<p>Anne Maree Garden has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer's labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is processed on site by dedicated laundry assistants seven days per week. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. Material safety data sheets are available, and all chemicals are within closed systems. The numerous linen cupboards were well stocked. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The cleaning trolleys were always attended and locked away when not in use. All chemicals on the cleaning trolleys were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system. The staff interviewed demonstrated their understanding of the systems and processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>The restraint policy states 'The company's rest home /hospital facilities are a non-restraint environment and are committed to</p>

<p>policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>providing services to all residents without use of restraint.’ The organisation work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. The CM on interview described the focus on working towards a restraint-free environment. There are no residents requiring restraint on the day of audit.</p> <p>The CM reports any restraint use to the FM. The owner/director is involved in the service on a regular basis and supports the management team on eliminating any restraint use. Restraint use is part of the quality data which is reported at all levels of the service.</p> <p>The restraint coordinator is the CM for which there is a job description. 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 hi-low beds and fall out mats. The clinical/staff group meet monthly and restraint usage is discussed at this meeting. 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 2022 and 2023 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>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site over some night shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior healthcare assistant acting as night shift duty lead on site, registered nurse sleep overs and a robust on-call system.</p>	<p>The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>

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.