

# Maygrove Care Limited - Maygrove Village

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## 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 Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Maygrove Care Limited

**Premises audited:** Maygrove Village

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

**Dates of audit:** Start date: 17 October 2023      End date: 18 October 2023

**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:** 49

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Maygrove Village Hospital (Maygrove) provides rest home and hospital level care for up to 50 residents. The service is operated by Maygrove Care Limited and managed by the care facility manager (CFM). The CFM is supported by the clinical manager, a clinical consultant and two clinical assistant managers. A general manager who is on the executive team oversees the facility. Residents and families interviewed spoke highly of the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Waitematā (Te Whatu Ora Waitematā). This certification process included review of policies and procedures, review of residents' and staff records, and observations and interviews with residents and family members. A general practitioner and staff were interviewed.

Areas identified requiring improvement related to registered nurse cover requirements and three related to pathways to wellbeing in relation to goal planning, review of care plans, and interventions needing to be documented. One further area was in relation to medicine management.

A continuous improvement rating was attained in quality management in relation to a health and safety programme implemented to improve staff and resident safety and wellbeing.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Maygrove Village Hospital has systems in place to ensure Māori and Pasifika world views of health in service delivery are supported for any Māori or Pasifika residents and their whānau. The service aims to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

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

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed whenever possible.

Residents and family/whānau are informed about the complaints process at the time of admission. A complaints policy and process guides staff to ensure any complaints are resolved promptly and effectively.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The management team and governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing any barriers to improve outcomes and achieving equity for Māori and tāngata whaikaha (people with disabilities).

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

The quality and risk management systems are focused on improving service delivery and care. Residents and family provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents; however, two additional registered nurses are currently needed. Staff are appointed, orientated and managed using good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service provision.

Residents' information is accurately recorded, securely stored and is not accessible to unauthorised people

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The service's policies and procedures provide documented guidelines for access to the service. The entry to service process is efficiently managed. There is a paper-based system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Interventions are appropriate and evaluated by the RNs as per policy requirement.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. All medications are reviewed by the general practitioner (GP) every three months. There are policies


and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service provides for specific dietary preferences of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week. Food is safely managed. Residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required.

Transition, exit, discharge, or transfer is planned and coordinated and includes ongoing consultation with residents and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan. Electrical equipment has been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills six-monthly. Staff, residents and family understood emergency and security arrangements. Residents reported a timely response to call bells.

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

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

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection prevention and control officer leads the programme.

The infection prevention and control officer was fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment was clean, well maintained and supports both preventing infections and mitigating their transmission. With support from external contractors, waste and hazardous substances are well managed. Laundry services are effective.



## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the management team and policies and procedures. There were two residents using restraints at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for the restraint used. Staff understood and demonstrated sound knowledge of providing least restrictive practices, de-escalation techniques, and alternative interventions.

### 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	0	3	0	0
Criteria	1	171	0	0	4	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>Maygrove Village 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 mission statement, philosophy and values.</p> <p>A Māori health plan has been developed with input from cultural advisors and is available for residents who identify as Māori. The care facility manager (CFM) has established links with a local marae and with Te Whatu Ora Waitematā.</p> <p>Maygrove Village Hospital is committed to creating employment opportunities for Māori through actively recruiting a Māori health workforce across all organisational roles.</p> <p>There were no residents who identified as Māori on the day of the audit. Three staff identified as Māori, and this was reviewed on the staff register as all ethnicities of staff are maintained.</p> <p>The CFM and staff reported, and documentation confirmed, staff have attended cultural safety training.</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>Maygrove Village Hospital works to ensure Pacific peoples' worldviews, and cultural values and beliefs are embraced. There were staff who identify as Pasifika who bring their own skills and expertise, and this is encouraged by the management team. Staff reported at interview that they are guided to deliver safe cultural and spiritual care to residents through their knowledge and in the care plan.</p> <p>Cultural needs assessments are completed on admission by the registered nurse (RN) and the activities co-ordinator to identify any requirements.</p> <p>The organisation has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider community. The documents sighted included Pacific models of care.</p> <p>There were no residents who identified as Pasifika at the time of the audit.</p> <p>The CFM is working effectively to establish links with the Pasifika community and to support culturally safe practices and wellbeing, for any Pacific peoples who may use this service.</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 Code of Health and Disability Services Consumers' Rights (the Code) and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed in the dining room. The Code was available in English and te reo Māori. Advocacy leaflets are readily available and accessible in different languages.</p> <p>Education/training on the Code is included as part of the orientation process for all staff employed. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Advocacy Service during the admission process and were provided with opportunities to discuss and clarify their rights. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights. Maygrove has access to interpreter services as required.</p>

		<p>The clinical manager reported that the service recognises Māori mana motuhake (self-determination) of residents, family/ whānau, or their representatives in its updated cultural safety policy and Māori health care plan. The assessment process includes the residents' wishes and support needs. Church services are held weekly.</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>Residents and families confirmed that they receive services in a manner that has regard for their dignity, privacy, sexuality, spirituality and choices. Staff were observed to maintain privacy throughout the audit. Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected. Staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided, and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.</p> <p>Care plans included documentation related to the resident's abilities, and strategies to maximise independence. Records reviewed confirmed that each resident's individual cultural, religious and social needs, values and beliefs had been identified, documented and incorporated into their care plan. Staff interviews described how they support residents to choose what they want to do. Residents stated they had choices and are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents.</p> <p>Maygrove's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. The service promotes holistic and collective care by educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo Māori resources are available on the education platform. Cultural awareness training is provided</p>

		annually and covers Te Tiriti o Waitangi and tikanga Māori.
<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>	FA	<p>An abuse and neglect policy is in place. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about this.</p> <p>Family and staff members stated that residents were free from any type of discrimination, harassment, physical and/or sexual abuse, neglect or exploitation and were safe.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Education on abuse and neglect was confirmed to occur during orientation and annually.</p> <p>The clinical manager (CM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to protect residents from abuse and revictimization; these include the complaints management processes, residents' meetings and satisfaction surveys.</p> <p>Residents' property is labelled on admission. The facility has a system in place for lost property acknowledgment and investigation. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents. Staff interviewed stated they are treated fairly and with respect. They were treated without discrimination and felt comfortable talking to management if they have any concerns.</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.</p>	FA	<p>Policies and procedures relating to accidents/incidents, complaints, and the open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. This is documented in the progress notes. Six accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau. Residents and family members interviewed stated they were kept well informed about</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>any changes to their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was also supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>The service communicates with other agencies involved with the resident, such as the hospice and Te Whatu Ora Waitematā (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). Care delivery includes a multidisciplinary team, and residents/family/whānau provide consent and communication regarding the services involved.</p> <p>The RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required.</p> <p>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. Interpreter services are used where indicated.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Seven residents' files reviewed included signed general consent forms. Other consent forms included vaccinations and van outings. Residents and family/whānau interviewed described what informed consent was and knew they had the right to choose. There are policies around informed consent.</p> <p>Admission agreements had been signed and sighted in all the files. Copies of the enduring powers of attorney (EPOAs) were on residents' files where available. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the general practitioner (GP) for resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p> <p>In the files reviewed, appropriately signed resuscitation plans were in</p>

		place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making 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 residents' care.
<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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a complaints/compliments box is located near to the dining room. An electronic complaints process was also introduced in April 2022. The Code is displayed at reception in te reo Māori and English.</p> <p>Six complaints have been received since the previous audit; four in 2022 and two in 2023. All complaints were closed out at the time of the audit. All complaints are logged in a register. The CFM was responsible for complaints management and follow-up as required. Any complaints are used for quality improvement of service delivery as applicable. There have been no complaints received from external sources since the previous audit.</p> <p>Staff interviewed reported they knew what to do should they receive a complaint.</p> <p>The CFM reported and documentation evidenced that a translator who identified as Māori would be available to support people if needed. Advocacy services are accessible.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	<p>Maygrove Care Limited is led by an engaged and involved director and executive leadership team, who assume accountability for</p>

<p>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>delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha and honouring Te Tiriti through advice from external advisors as needed. The board is appropriate for the size and nature of the service. Two board members identify as Māori and have, along with two other board members, attended training on Te Tiriti and health equity provided by the Institute of Directors. Clinical and non-clinical staff have completed cultural safety training as part of the orientation process at commencement of employment and as per the training calendar reviewed.</p> <p>The CFM confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through sector communication, training, Te Whatu Ora Waitematā, and colleagues. The CFM is a registered nurse, who has been the manager since March 2015. The CFM is well supported by a clinical consultant, clinical manager and two clinical manager assistants. When the CFM is absent, the clinical manager carries out all the required duties under delegated authority with support of the general manager (GM) who was present at the audit.</p> <p>The business plan dated January 2023 includes the strengths, weaknesses, opportunities and threat analysis, goals, vision and mission statement. Seven main goals are clearly documented with action plans and achievement dates to work to. The goals are reviewed three-monthly and when achieved these are signed off by management and reported to the board by the GM. The strategic plan includes specific goals relating to younger people living with disabilities at this facility. There is one resident who has been at this facility for 18 months and is well supported.</p> <p>The clinical team, guided by the clinical governance policy and a clinical manager and two clinical assistants and a clinical consultant, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the clinical meetings held two-monthly were sighted.</p> <p>The executive leadership team including the GM, demonstrated leadership and commitment to quality and risk through, for example, the business plan, risk register, improving services, reporting, policy, processes and through feedback mechanisms, and purchasing of</p>
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		<p>equipment.</p> <p>The CFM reports to the GM showed reporting is of a consistent format and includes information to monitor performance. The report to the board includes information on occupancy, the environment and improvements, infections, staffing and training provided.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whānau, and healthcare assistants' (HCAs) knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The CFM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, training, and advice from external cultural advisors.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident meeting minutes evidenced positive feedback.</p> <p>The service holds contracts with Te Whatu Ora Waitematā for age-related residential care (ARRC), rest home and hospital level care, palliative care, respite care, long term support – chronic health conditions (LTS-CHC) and younger persons disabled (YPD) under a MoH contract. On the day of the audit 49 beds were occupied consisting of 45 residents receiving hospital level care, no residents were receiving rest home level care, one palliative care, two respite hospital care level and one YPD (LTS-CHC) resident.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infection and falls.</p>

<p>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>Residents, family and HCAs contribute to quality improvement through meetings and surveys. Resident meeting minutes were reviewed. A resident meeting was held specifically with the chef regarding the food service on 7 September 2023. Resident/family and staff surveys were completed in 2022 but not yet for 2023. Positive feedback was received from both surveys.</p> <p>The CFM is responsible for quality management. A sample of quality and risk related meeting minutes were reviewed and confirmed there have been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to weekly operations meetings with the GM there have been two monthly head of department meetings, registered nurse meetings monthly, health and safety meetings three-monthly or earlier as needed, infection prevention and control and restraint management meetings held two-monthly. Set agendas and meeting minutes are maintained.</p> <p>The CFM reports to the GM weekly and monthly reports are submitted to the GM who reports directly to the director and executive team. An example of the CFM report was reviewed.</p> <p>Quality improvement initiatives include a falls prevention programme, upgrading of the dining room and kitchenette and introducing a new quality electronic system since the previous audit.</p> <p>The organisation uses the policies, procedures and forms (templates) developed by an external quality contractor. These are currently being fully transitioned across the services provided. Policies reviewed covered all necessary aspects of service delivery and contractual requirements and were current.</p> <p>The 2023 electronic internal audit schedule was sighted. Completed audits include infection prevention, environmental audits, kitchen, care records, staff records, laundry, cleaning and other audits. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The clinical consultant described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Documented risks include falls, infection prevention, oxygen management and other potential inequities. Organisational risks are</p>
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		<p>managed by the executive team (board).</p> <p>Staff document adverse events and near miss events. A sample of incidents reviewed showed that the documentation was fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. The provider is not required to follow the external reporting under the National Adverse Event Reporting Policy. A continuous improvement was given for the 'Lift Smart – Lift Right' programme, introduced to reduce staff incidents and injuries and to improve service delivery for residents.</p> <p>The CFM understood and has complied with essential notification requirements. Since the previous audit, Section 31 notifications had been completed regularly for the shortage of registered nurses. Two further Section 31 notifications were completed on the day of the audit, one in relation to enrolled nurse cover three nights per week as no RN was available to cover, and the other in relation to a resident admitted from the community who had an unstageable pressure injury. The resident stayed one night and was referred by the GP and transferred to Te Whatu Ora Waitematā hospital services the next morning. There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff are supported to deliver high-quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning and communication with the resident, and family/whānau. Staff were able to give examples of tikanga best practice and how to maintain wellbeing, for all residents.</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.</p>	<p>PA Moderate</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 across all the three wings of the hospital, which is all on one level of the facility. The clinical consultant discussed the checklist used which is based on an acuity system. Residents, care staff and family interviewed confirmed there</p>

<p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>were currently sufficient clinical and non-clinical staff. However, there is not always 24/7 registered nurse cover on all shifts currently, and although cover is provided by senior HCAs (level 4) and ENs this does not meet the agreement obligation. An area of improvement has been identified in relation to staffing.</p> <p>The CFM and the clinical consultant (CC) reported that one staff member on duty has a current first aid certificate. There was also a list provided daily which was displayed at reception, of the staff on duty for the 24 hours, and who is the first aider. Seven RNs, three ENS and 14 level four HCAs have completed first aid training and certificates were sighted.</p> <p>An after hours on-call system is in place. The CM and the CFM share the on-call 24/7. Both are registered nurses with a current annual practising certificate. Staff interviewed reported that good access to advice is available when needed. Five GPs cover this service, and someone is always on-call as needed.</p> <p>There are staff who have worked in this hospital for long periods of time. The core of staff is stable. The CFM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practising certificates (APCs) for all health professionals employed and contracted where required.</p> <p>The competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example the aging process, cultural training, fire knowledge, hoist management, infection prevention, manual handling, interRAI, and restraint competencies confirmed training occurred.</p> <p>Continuing education is planned on an annual basis, including mandatory requirements. The CFM reported that over 30 of the 40 HCAs hold level three and four New Zealand Qualifications Authority (NZQA) education qualifications. Four RNs and two ENs are interRAI competent. Two newly employed RNs and one EN are enrolled to complete the interRAI training in 2024. All RNs, ENs and HCAs who administer or check medicines are required to complete an annual medication competency assessment and questionnaire.</p> <p>The CC (three years at this facility) interviewed reported that Maygrove Village Hospital is building on their own knowledge through</p>
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		<p>cultural training, which included all aspects of Te Tiriti. In addition to this, the service collaborates with and has ongoing communication with the residents and family/whānau. Te reo Māori is accessible on-line and is encouraged for staff. The use of te reo Māori both in signage and email greetings was sighted. Further training is also being undertaken to ensure staff fully understood about health equity and the collecting and sharing of high-quality Māori health information. The organisation has a commitment to include, provide and to invest in staff equity expertise. The CFM reported that where health equity expertise is not available, external agencies are able to be contacted. For example, Te Whatu Ora Waitematā palliative care services and gerontology nurse specialists.</p> <p>Staff reported being well supported and safe in the workplace through cultural events, flu vaccination programmes, infection prevention and control and the employee assistance programme.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>The human resource management policies and processes are based on good employment practices and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions are documented and were sighted in the records reviewed. Professional qualifications, where required, are sourced prior to employment and annually thereafter.</p> <p>The CFM described the procedures to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for both employed health professionals and contracted health professionals. All were current.</p> <p>Staff orientation includes covering all necessary components relevant to the role. Job descriptions were sighted for all roles. HCAs reported that orientation provided prepared them well for their role. Additional time was given as needed. New HCAs described their orientation and that they are buddied with an experienced HCA for up to three weeks if required. Orientation includes falls prevention, bedmaking, documentation and communication, residents' personal cares and hygiene. Security arrangements and privacy are also covered.</p>

		<p>HCA's confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff records are kept locked, and confidentiality was maintained. Ethnicity data is recorded and used in line with health information standards.</p> <p>HCA's reported that incidents are discussed at staff/quality meetings. Any staff do have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<p><b>Subsection 2.5: Information</b></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>Policies and procedures guide staff in the management of information. Backup database systems are in place.</p> <p>Residents' and staff records are held securely for the required period before being destroyed. No personal or private residents' information was on public display during the audit. Archived records are stored safely and securely onsite.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We</p>	<p>FA</p>	<p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. The decline of entry to services is communicated by the facility manager (FM) via email or phone, evidence sighted.</p> <p>Enquiries are managed by the CM and the FM to assess suitability for entry. The entry criteria are clearly communicated to the general public, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with</p>

<p>focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment Service Coordination agencies (NASC). Assessment confirming the appropriate level of care was held in files reviewed.</p> <p>Family members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained completed demographic detail, assessments and signed admission agreements in accordance with contractual requirements. Service charges comply with contractual requirements.</p> <p>Residents' rights and identity are respected. Enquiry records are maintained. Support for Māori individuals and whānau can be accessed if required. The facility has connection with Te Herenga Waka o Orewa for Māori resident support. There were no Māori residents in the facility at the time of the audit. There was evidence of routine analysis of entry and decline rates including specific rates for Māori.</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>PA Moderate</p>	<p>The service uses both electronic and paper-based record management systems. The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. Information is documented using validated nursing assessment tools such as pain scale, falls risk, skin integrity, and nutritional screening, to identify any deficits and to inform care planning.</p> <p>There were no Māori residents on the day of the audit. The service has a Māori health care plan in place which includes Te Whare Tapa Whā model of care.</p> <p>All residents have current interRAI assessments completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an</p>

	<p>admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents and family/whānau or enduring power of attorney (EPOA), where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Short-term care plans were reviewed weekly or earlier if clinically indicated.</p> <p>The seven files reviewed had a very generic goal which are not specific to residents' identified needs. The support required to achieve the goal are not documented in the care plan. The review of the care plan does not evidence degree of achievement against residents' agreed goals. Where goals have not been met, the interventions haven't been reviewed to reflect the current needs of the resident.</p> <p>The early warning signs and risks that affected the residents' wellbeing were identified but there was no intervention in place to prevent further deterioration of the condition, for example, a resident was on palliative care and had chemotherapy medications stopped, started on syringe driver but the care plan intervention hadn't been updated.</p> <p>Files reviewed showed progress was different from expected and needed ongoing risk assessment, that is, the resident had an unstable pressure injury and was started on Vac dressing, but the intervention hasn't been initiated in the care plan. Where progress was different from expected the service did not initiate changes to the care plan.</p> <p>Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly, and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. The GP interviewed verified that medical input is sought in a timely manner, that medical orders are followed, and care is excellent. The facility is provided access to an after-hours service by the GP.</p> <p>Family/whānau/EPOA interviews and resident records evidenced that</p>
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		<p>families are informed where there is a change in health status. Tāngata whaikaha and whānau are supported to access information as required.</p> <p>Residents' care was evaluated on each shift and reported at handover and recorded in the progress notes by the caregivers.</p> <p>Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. Although the service doesn't have any Māori residents, there is a Māori health plan which includes Māori healing methodologies, such as karakia, mirimiri and rongoā. Residents' preferred cultural customs, values and beliefs were included using Te Whare Tapa Whā model of care. The care planning process is such that it supports Māori residents and whānau to identify their own pae ora. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific people's policy and the registered nurse reported that these will be eliminated as required.</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>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by an activities coordinator, who supports residents to maintain and develop their interests. A monthly activities planner was sighted. The activities provided are suitable for residents' ages and stages of life. Activities for the residents are provided five days a week. At weekends, puzzles, quizzes and movies are available for residents.</p> <p>The activities programme is displayed in the dining area. The activities programme provides variety in its 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 activities coordinator occur regularly. Residents' birthdays are celebrated.</p> <p>Activity progress notes and activity attendance checklists were completed daily. The residents were observed participating in a variety of activities on the audit days. The physiotherapist visits two</p>

		<p>times a week to engage in exercise sessions and assessments with the residents.</p> <p>Cultural events celebrated include Waitangi Day and Matariki. Residents and families/whānau are involved in evaluating and improving the programme through resident satisfaction surveys. This was evident in the records sampled. Residents interviewed confirmed they find the programme interactive. Maygrove Village Hospital encourages the use of te reo Māori if residents choose to communicate in this way and encourages services to support community initiatives that meet the needs and aspirations of Māori and whānau. There were no residents on the day of audit that identified as Māori.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Fourteen medication charts were reviewed; however, six of the fourteen resident allergies and sensitivities were not documented on the medication chart.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator and medication room temperatures are checked daily. Medications are stored securely in accordance with requirements. The service uses pre-packaged pharmacy medicines that the RN checks on delivery to the facility. The medication charts showed that medication reconciliation had been completed within 24 hours of admission.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used. There were two residents self-administering medications at the time of audit. There is a policy in place to guide this process. There was self-medication administration</p>

		<p>consent on file. Residents had a locked cupboard in the room where medication was kept. The registered nurse (RN) interviewed demonstrated knowledge on self-medication administration.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical manager, clinical manager assistant or registered nurse. RNs interviewed demonstrated knowledge on management of adverse events. The service has policies and procedures on management of adverse events.</p> <p>The medication policy described the 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, these were added to the medication chart by the GP following a discussion with the resident and/or their family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food is prepared on site by chefs and is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian and the last review was done on 23 October 2020 and is currently under review. The menu follows summer and winter pattern in a four-weekly cycle.</p> <p>Documentation, observations, and interviews verified the food service meets the nutritional needs of the residents, with special dietary and cultural needs catered for. The chef verified during interview that the menu planning process was inclusive of residents and whānau, to ensure likes and dislikes and the desired size of meals are taken into consideration. Diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. Evidence of resident satisfaction with meals was</p>

		<p>verified by resident and family interviews and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Meals were served in respective dining rooms, and residents who chose not to go to the dining room for meals had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with a food safety plan and registration issued by the Ministry for Primary Industries. The current food control plan will expire on 17 April 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>The chef interviewed has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>The chef is currently in talks with Te Herenga Waka o Orewa about integrating more culturally appropriate menu choices for Māori and Pasifika residents.</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.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau/EPOA. The service uses the 'yellow envelope' system from Te Whatu Ora to facilitate transfer of residents to and from acute care services. Three of seven files reviewed showed a timely transfer to hospital after a fall. 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.</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</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 residents' 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>InterRAI reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident's progress notes.</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 current building warrant of fitness is publicly displayed. The expiry date is 16 June 2024. Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for purpose, well maintained and that they meet legislative requirements. The maintenance property manager (MPM) described the maintenance schedule. The MPM has five years past experience and has been in the current role for two years and three months. The maintenance team comprises of four maintenance persons and two gardeners. All are responsible for the daily maintenance of the village and the hospital.</p> <p>Residents confirmed they know the processes they should follow if any repair or maintenance is required, AND any requests are appropriately actioned.</p> <p>Equipment tagging and testing is current (dated 2 May 2023) as confirmed in records, interviews with staff and observation. Current calibration of biomedical records was sighted. The mobile hoists are checked annually and are next due ON 30 October 2023 by the contracted service provider who undertakes these checks. Sensor mats are also checked, and replacements are available if needed.</p> <p>The facility has a lift to the first floor and is large enough to take a bed if required. The certificate of compliance was sighted.</p> <p>The environment was comfortable and accessible, promoting</p>

	<p>independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store wheelchairs, and mobility aids. There are stations for recharging the hoists.</p> <p>Spaces are culturally and spiritually inclusive and suited the needs of the resident groups. Furniture is appropriate to the setting and residents' needs.</p> <p>There are three smaller lounges and one large lounge. A piano, library and large screen television were observed. The main dining room and kitchenette has been totally renovated and is very welcoming for the residents.</p> <p>All resident rooms have a handbasin. The number of toilets and shared accessible bathroom facilities were sighted. Some rooms had their own ensuites. Part of the renovations underway is to install a shower unit in all residents' rooms as they are large enough to accommodate this. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move freely around within the spacious bedrooms safely. Rooms are personalised with furnishings, photographs and other special personal items displayed. HCAs reported that they respect the residents' spiritual and cultural requirements. Residents and family reported the adequacy of bedrooms. The resident under the YPD contract has ample room for all belongings and was able to display lots of collectables within the room and into the corridor space as needed. Permission was granted by the CFM for this to occur. Equipment and resources are available for this resident to also maintain independence as much as possible.</p> <p>Residents and family were pleased with the environment, including heating and ventilation, privacy and maintenance. Heat pumps are also installed in the main service areas. The heat pumps also assist with cooling in the summer months. Each area was warm and well-ventilated throughout the hospital during the audit.</p> <p>The CFM reported and documentation confirmed that residents, family and a cultural advisor who identified as Māori would be consulted and</p>
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		involved in the design of any new buildings.
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>The current fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 17 August 2007. A trial evacuation takes place six-monthly with a copy sent to FENZ, the most recent being on 8 September 2023. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil defence emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency. A register is maintained.</p> <p>The orientation programme includes fire and security training. Staff records reviewed evidenced staff are trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers (now stored in breakable wall-mounted boxes with a hammer attached are replacing the previous wall-mounted variety), call boxes, floor plans, sprinkler alarms, exit signs, and fire action notices were sighted.</p> <p>The CFM reported that all RNs, ENs and level four HCAs have current first aid certificates. Current first aid certificates were sighted in the staff records reviewed.</p> <p>Call bells alert staff to residents requiring assistance. A new call bell system has been installed since the previous audit. Residents and family reported staff respond promptly to call bells activated.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE and a gas barbecue were sighted. Emergency lighting is available and two portable generators are available across several sites if needed. Emergency water supplies and bottles are available. This meets the National Emergency Management Agency recommendations for the region. Equipment and supplies are checked regularly, and a record is maintained. A new initiative since the previous audit is the</p>

		<p>development of an electronic 'Triple 000 Folder' which covers all villages and the care home. All information for all types of emergencies is documented. Should an event occur at one facility, it is linked so the other services can provide the additional support as deemed necessary at the time. This is already proving to be a valuable resource with some weather events that have occurred at several village sites in the last year.</p> <p>Closed-circuit cameras (CCTV) have been installed throughout externally and internally, in the communal areas. Residents and family members are fully informed, and their use does not compromise personal privacy. Signage is displayed advising visitors of CCTV. Backup systems are available. Appropriate security arrangements are in place. The village entry gates are locked at a certain time each evening. All other entry points are on swipe card or key-pad access. A night watchman is employed and patrols the village and care facility. Residents are informed of the emergency and security arrangements at entry.</p>
<p><b>Subsection 5.1: Governance</b></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 infection prevention and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. The programme is guided by a comprehensive and current infection control manual, with input from an external quality consultant. The current business plan includes a goal to minimise the risk of infection.</p> <p>Expertise and advice can be sought following a defined process. Specialist support can be accessed through Te Whatu Ora Waitematā, the microbiologist at the medical laboratory, external consultants, and the attending general practitioners.</p> <p>An infection control component is included in the quality and staff meetings.</p> <p>The incident/accident reporting policy documents the pathway for the reporting issues and significant events to the facility manager and</p>



		<p>onto the general manager who reports to the executive team. The facility manager interviewed confirmed awareness of significant and high-risk incident/accident through clinical manager and registered nurses.</p> <p>The pandemic plan is in place along with equipment and resources should an outbreak occur.</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 prevention and control officer (IPC officer) is responsible for overseeing and implementing the IP programme at the service level with reporting lines to clinical manager and facility manager. The IPC officer's role, responsibilities and reporting requirements are defined in the infection prevention and control resource officer job description. The IPC officer is the clinical manager assistant who has the skills, knowledge, and qualifications the role requires, and confirmed access to the necessary internal and external resources and support. The IPC officer and the committee's advice is sought in decision-making processes around new product purchasing, new building design, or site renovation.</p> <p>The infection prevention and control policies mirrored the requirements of Ngā Paerewa and are based on current best practice. The IPC officer has access to cultural advice as necessary. Educational resources on handwashing are available in te reo Māori and are accessible and understandable for Māori accessing services. Culturally safe practice infection prevention strategies are noted within a document on Māori tikanga and in culturally safe practice and ensure Te Tiriti o Waitangi is upheld.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>Staff interviewed were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention using methods aligned with their capacity for</p>

		<p>understanding. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis, and as a group in residents' meetings.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</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>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The IPC officer and the general practitioner are responsible for the appropriate use of antimicrobials. All use of antimicrobials is documented and recorded within surveillance documentation. Effectiveness of the AMS programme is evaluated at facility and governance levels by monitoring antimicrobial use and outcomes and identifying opportunities for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection control programme.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and actions plans are implemented. The HAIs being monitored include infections of the urinary tract, respiratory, skin, scabies, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records. Results of the surveillance programme are shared with staff in the staff meetings.</p>

		<p>The monthly collated and analysed data with improvement interventions gets reported to governance body every three months. There was documented evidence in the three-monthly report. The trends, possible causative factors and actions plans are discussed in the staff meeting. There was evidence of documentation in the staff meeting minutes.</p> <p>Infection prevention audits were completed including cleaning and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The IPC officer monitors the infection events recorded weekly and the nurse manager receives a notification for high-risk infections. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</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 documented processes for the management of waste and hazardous substances.</p> <p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Staff who handle chemicals have completed appropriate education and training for safe chemical handling. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide the relevant training for staff. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room and staff interviewed knew what to do should any chemical spill/event occur. Cleaning products were in labelled bottles. Cleaners ensured that the trolley is safely stored when not in use.</p> <p>There are cleaning policies and procedures to guide staff. The facility</p>

		<p>was observed to be clean throughout. Laundry is undertaken onsite. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed.</p> <p>Residents and whānau reported that the laundry was managed well, and that the facility is kept clean and tidy. This was confirmed through observations.</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>Maintaining the aim of a restraint-free environment is maintained. This is documented in the restraint policy. The CFM, clinical consultant and the CM confirmed commitment to this. Policies and procedures meet the requirements of the standard. At the time of the standard two residents were using a restraint. These were used as a last resort.</p> <p>One of two clinical manager assistants is the restraint coordinator and has been in this role since May 2023. A position description was sighted. The restraint approval group is responsible for the approval of the use of restraints and the restraint process. There are clear lines of accountability. There are processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed strategy.</p> <p>The CFM and CM are involved in the purchase of equipment should this be needed.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint minimisation and safe practice, and management of challenging behaviours. HCAs interviewed confirmed they have received training.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring and evaluation was clearly documented and included all requirements of the standard. Family confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to</p>

<p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>		<p>provide an auditable record. An information flyer is given to family/whānau. The restraint coordinator completes the on-line restraint review form six-monthly or earlier if needed.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the CFM and to the GM as the representative of the executive team. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced from five to two instances over the past year.</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.

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>	<p>PA</p> <p>Moderate</p>	<p>The clinical consultant interviewed is responsible for ensuring the service has adequate staff to cover and to provide clinical and culturally safe care to residents. Maygrove Village Hospital currently still requires a further two registered nurses. The service is advertising on an ongoing basis to fill these positions. Health care assistants with NZQA level 4 qualifications and enrolled nurses, are covering on the afternoon and night shifts with senior staff on-call for support. A section 31 notification has been sent to HealthCERT. This does not meet the agreement obligation of providing 24/7 registered nurse cover.</p>	<p>The rosters reviewed evidenced all shifts are covered. However experienced level 4 health care assistants and enrolled nurses are temporarily covering shifts in the absence of registered nurses.</p>	<p>Ensure the hospital is covered 24 hours a day, 7 days a week by registered nurses as per the service agreement obligation with Te Whatu Ora Waitematā.</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p>	<p>PA Moderate</p>	<p>Seven files reviewed had very generic goals which were not specific to residents' identified needs e.g. the seven files reviewed had same goals under the mobility and skin section of the care plan. The support required to achieve the goals are not documented in the care plan e. g the care plans are reviewed and when the residents haven't met the goal after 6 months, the goals haven't been reviewed to state if met or not met. The review of the care plan does not evidence degree of achievement against residents' agreed goals. Where goals have not been met, the interventions haven't been reviewed to reflect the current needs of the resident.</p>	<p>Seven resident files were sighted. The care plans reviewed for each resident, were generic and did not state clearly the assessed needs and goals appropriate for each individual resident. Interventions were not always updated, to ensure the goals set, did reflect the current needs of each resident and that the goals were achievable.</p>	<p>Every resident is to have individual goals which are achievable, and where goals have not been met, the interventions need to be reviewed to reflect the current needs of the resident.</p> <p>90 days</p>
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(h) People's care or support plan identifies wider service integration as required.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	<p>PA Moderate</p>	<p>I. Where progress was different from expected the service did not initiate changes to the care plan.</p> <p>II. The early warning signs and risks that affected the resident's wellbeing were identified but there was no intervention in place to prevent further deterioration of the condition.</p>	<p>I. Resident had unstable pressure injury and was started on Vac dressing, but the intervention hadn't been initiated in the care plan.</p> <p>II. The resident was on palliative care and had chemotherapy medications stopped, started on syringe driver but the care plan intervention hadn't been updated.</p>	<p>I. The service is to ensure early warning signs and risks that affect the residents need to be identified and interventions implemented to prevent further deterioration of the condition.</p> <p>II. Where progress is different from expected the service is to initiate changes to the care plan.</p> <p>90 days</p>



<p>Criterion 3.4.4</p> <p>A process shall be implemented to identify, record, and communicate people's medicinerelated allergies or sensitivities and respond appropriately to adverse events.</p>	<p>PA Moderate</p>	<p>Fourteen medication charts were reviewed. Resident allergies and sensitivities were not documented on six of the medication charts.</p>	<p>Resident allergies and sensitivities were not documented on six of the fourteen medication charts reviewed.</p>	<p>All medication charts are to have allergies and sensitivities documented on them.</p> <p>90 days</p>
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## 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 audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>An opportunity for improvement was identified by the health and safety team in respect of the increasing numbers of staff injuries and accidents being reported through the incident/accident system. The incidents had been increasing in numbers and in severity of injuries sustained. From April 2022 to February 2023 16 staff injuries were reported by staff to the Accident Compensation Corporation (ACC). Ten incidents were reported between January and June 2023. Associated non-compliance with the manual handling guidelines in place was also observed and reported by staff. The health and safety officer with assistance from the clinical consultant and a health and safety team approach, decided that a response plan was needed. A 'lift smart, lift safe' three-month intensive programme was implemented within the hospital from June to August 2023. Education was provided to all staff by the physiotherapist, and champions were allocated in each of the three wings. The physio assistant was</p>	<p>Having fully attained the criterion the service clearly demonstrated a review and analysis process of incidents and accidents to ensure appropriate corrective action planning was undertaken to improve the safety of staff when providing care to residents. The positives from this programme highlighted that data collected for staff injuries demonstrated a significant reduction from any strains or injuries. There were three staff incidents reported in June 2023, one in July and no incidents reported in August. Compliance in manual handling was noted and staff were fully aware of the champions in each wing. The champions led the way, were available, provided education and stayed consistent. Information was provided to staff and residents felt well supported when assistance was required, and safety of the staff and residents was not compromised.</p>

		<p>involved in spot checks of manual handling completed and all equipment was checked for safety purposes. All residents identified as being high falls risk were reviewed by the physiotherapist individually. The programme implemented was fully reviewed including an assessment and investigation of the environment, staff footwear, shift patterns and incident rates. Any outcome plans were discussed and fed back to the staff.</p>	
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End of the report.