

# Anne Maree Court Care Limited - Anne Maree Court Rest Home

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## Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Anne Maree Court Care Limited

**Premises audited:** Anne Maree Court Rest home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 21 August 2023 End date: 21 August 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:** 50

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

## General overview of the audit

Anne Maree Court is a privately owned facility certified to provide rest home level of care, hospital level care, and residential disability services – physical for up to 57 residents. There were 50 residents on the day of audit.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on 23 May 2023 and the consequent audit report was utilised as part of this provisional audit. The certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard 2021 and the contracts with Te Whatu Ora Health New Zealand- Waitematā. The audit process included the review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a general practitioner.

The prospective owners are based in Wellington and also own three other aged care facilities in the Wellington area. The managers and the senior management team (including the executive director) meet monthly and discuss quality data, any issues/ complaints and provide clinical oversight of the facilities.

The prospective owner (executive director) will be responsible for the oversight of the facility and plans to have weekly and monthly meetings with the manager at Anne Marie Court. The team at head office will be responsible for changing over payroll systems. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their quality management system, and policies and procedures will be transitioned into Anne Marie Court following discussions with the clinical staff and management. The planned date of takeover is mid-October.

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

The identified areas for improvement in the certification audit remain around registered nurse staffing and hot water temperature monitoring. All other areas audited met the requirements of Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021).

## **Ō tatou motika | Our rights**

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

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

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

## **Hunga mahi me te hanganga | Workforce and structure**

The 2023 business plan includes specific and measurable goals that are regularly reviewed. The service has implemented quality and risk management systems that include quality improvement initiatives. Internal audits and the collation of clinical indicator data were documented as taking place with corrective actions as indicated. Hazards are identified with appropriate interventions implemented.

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

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

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Anne Maree Court's policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines.

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 and residents noting their activities of interest. In interviews, residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so. Evidence of completed current medication competencies was sighted.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. The service has a current food control plan in place. Resident's requests are accommodated.

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

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

The facility meets the needs of residents, was clean and maintained. There was a current building warrant of fitness in place. Electrical and equipment requiring calibration has been tested as required. External areas are accessible, safe and provide shade and seating and meet the needs of people with disabilities. Resident rooms are personalised, and communal facilities are appropriate. Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, family/whānau, and contractors understood emergency and security arrangements. Sensor mats are in place connected to the nurse call system. Security is maintained.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection prevention and control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidence relevant infection prevention control education is provided to staff as part of their orientation and the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size of Anne Maree Court. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and there is adequate personal protective equipment and supplies. There has been one outbreak (Covid-19) since the previous audit, which was appropriately reported and managed.

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

## **Here taratahi | Restraint and seclusion**

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

## Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	2	0	0	0
Criteria	0	174	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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.

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and associated cultural policies are documented for the service. As a key element of cultural awareness, safety, and competency, Anne Maree Court acknowledges and is committed to the unique place of Māori under the Treaty of Waitangi. Anne Maree Court are committed to providing services in a culturally appropriate manner and ensure that the integrity of each person’s culture is acknowledged, respected, and maintained. Key relationships with Māori are in place through consultation with existing Māori staff, whānau, and links in the community.</p> <p>The service had residents who identified as Māori at the time of the audit.</p> <p>Cultural training for staff begins during their orientation and continues as a regular in-service topic. Training covers discussions in relation to the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents.</p>

		<p>The service supports increasing Māori capacity by employing more Māori applicants. At the time of the audit, there were Māori staff members. Staff have access to relevant tikanga guidelines.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs, evidenced in interviews with six residents (two hospital, four rest home) and two family members (hospital). The director, manager, clinical manager and eleven staff interviewed (four healthcare assistants (HCAs), two registered nurses (RNs), one activities coordinator, two cleaners, one maintenance, and one cook) described how the delivery of care is based on each resident's values and beliefs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well known, and respected in the industry, with Pasifika input.</p> <p>On admission all residents state their ethnicity. There were residents that identified as Pasifika. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan. Individual cultural beliefs are documented in the resident's care plan and activities plan.</p> <p>The service is actively recruiting new staff. The manager described how they encourage and support any applicants that identifies as Pasifika, during the interview process. There were staff that identified as Pasifika at the time of the audit.</p> <p>Interviews with the director, manager, clinical manager, and staff confirmed the service puts people using the services and the local community at the heart of their services.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The manager discusses aspects of the Code with residents and their family/whānau on admission. Residents, or their enduring power of attorney (EPOA) sign to acknowledge that they have been provided with written information explaining the Code and its application to an aged care environment.</p> <p>Discussions relating to the Code are held during the three-monthly resident meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful. There are links to spiritual supports.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents at the entrance and in the entry pack of information that is provided. Staff receive education in relation to the Code, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced through interviews, policies, and the Māori health plan.</p> <p>Interview with the prospective owner confirmed residents' rights will continue to be upheld. The prospective owner interviewed knows and understands the Code and that it must be adhered to as per policy</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	<p>FA</p>	<p>Care staff interviewed described how they support residents in making their own choices. Residents interviewed confirmed this to be the case, and that they have control and choice over activities they participate in. Residents are supported to make decisions about whether they would like family members to be involved in their care.</p> <p>It was observed that residents are treated with dignity and respect. Resident/family satisfaction survey results (2022, and 2023) confirm</p>

<p>experiences.</p>		<p>that residents are treated with respect. This was also confirmed during interviews with residents and family.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Eight residents' files reviewed identified residents' preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.</p> <p>Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training are in place. The Māori health plan acknowledges te ao Māori. The service responds to tāngata whaikaha needs and enables their participation in te ao Māori. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Anne Maree Court policies aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days are held to acknowledge cultural diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions. Interviews with management, registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their job role and responsibilities. Professional boundaries are covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management if they felt that this was an</p>

		<p>issue.</p> <p>A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents. The service works under a tuakana, teina structure, where seniors protect and nurture the juniors. The foundation of the organisation is manaakitanga and aroha.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Three-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Accident/incident (electronic) forms have a section to indicate if next of kin have been informed (or not). Family members interviewed stated that they are kept informed when their family member's health status changes or if there has been an adverse event. This was also evidenced on accident/incident forms reviewed.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were three residents who were unable to speak or understand English, and appropriate communication strategies were seen to be implemented by staff.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with regarding the range of services available. Health professionals involved with the residents may include specialist services. The clinical manager described an implemented process around providing residents with time for discussion around care, time to</p>

		consider decisions, and opportunities for further discussion, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The resident files reviewed included signed general consent forms and other consent to include vaccinations, outings, and photographs. Residents and relatives interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Discussions with relatives demonstrated they are involved in the decision-making process, and in the planning of resident's care. Admission agreements are signed and were sighted in all the files seen. Copies of enduring power of attorneys (EPOAs) and activation letters were on resident files where required. The service has Māori tikanga guidelines available for staff to ensure they can provide appropriate information for residents, family/whānau and in care planning as required. Examples of te reo Māori are evident around the building for residents.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is equitable and is provided to residents and families/whānau on entry to the service and is available in te reo Māori. The manager is responsible for maintaining the complaints register. There have been fourteen internal, and one external complaint received since the previous audit. Te Whatu Ora Waitematā received an anonymous complaint from a resident at the facility through HealthCERT in January 2023. The complaint raised concerns about the quality of food and towels. The facility has responded to Te Whatu Ora- Waitematā with measures taken to address the identified concerns, and this audit has identified no issues related to these areas. The management team could evidence the complaint documentation process, including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the</p>

		<p>Health and Disability Commissioner (HDC).</p> <p>Discussions with residents and family confirmed they are provided with information on complaints, with complaints forms and advocacy brochures being available at the entrance to the facility. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held three-monthly and are another avenue to provide residents with the opportunity to voice their concerns. The management and staff encourage residents and family/whānau to discuss any concerns. It is an equitable process for all cultures.</p> <p>Residents and family/whānau making a complaint are supported to involve an independent support person in the complaints process if they choose. The manager acknowledged the importance of face-to-face communication with Māori and maintains an open-door policy.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Anne Maree Court, located in Northcote, Auckland, provides rest home level of care, hospital level care, and residential disability services – physical, for up to 57 residents. All 57 beds are certified as dual purpose. On the day of the audit, there were 50 residents; 29 rest home, including one respite, and three residents on a long term support- chronic health care (LTS-CHC) contract; 21 hospital level residents, including one on respite, three LTS-CHC; and there were two residents funded by a younger person with a disability contract at hospital level care. The remaining residents being under the age-related residential care contract (ARRC).</p> <p>The service requests the residential disabilities physical is removed from the certificate.</p> <p>Anne Maree Court is the trading name of Anne Maree Court Limited - a privately owned company with two directors. There is a manager (registered nurse), supported by a clinical manager (registered nurse), and an experienced care team. The manager (also a director) meets at least weekly with the other director to facilitate the link between management and governance. The 2022 business plan has been reviewed and the 2023 plan is documented. A mission, philosophy and objectives are documented for the service. The</p>

	<p>regular meetings provide an opportunity to review the day-to-day operations and to review progress towards meeting the business objectives. The manager and director analyse internal processes, business planning and service development to improve outcomes and achieve equity for Māori; and to identify and address barriers for Māori for equitable service delivery. The Board has Māori representation. The annual resident survey evidenced improved outcomes and equity for tāngata whaikaha people with disabilities. Collaboration with governance, staff and whānau who identify as Māori and/or tāngata whaikaha (the disability sector) reflect their input for the provision of equitable delivery of care.</p> <p>The directors and management team have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies through attending the same training as the facility staff members.</p> <p>The manager has been in the role for one year (since purchase) and has extensive experience in the aged care sector. The clinical manager has been at the facility for two years, and similarly, has extensive aged care management experience. The management team regularly attends aged care conferences, and both manager and the clinical manager have maintained over eight hours of professional development per year relating to their role and responsibilities.</p> <p>The prospective owner interviewed reported there will be two shareholders (including the executive director). The prospective owner (executive director) will provide direct oversight of the facility. There is a senior management team based at the head office who are available to provide support as required. The prospective owner reported they are planning to recruit a manager. The current manager will remain in the role until a manager can be recruited. There are no plans to change current staffing, rosters, or the environment at Anne Marie Court. The prospective owner interviewed was knowledgeable in the requirements to meet the Health and Disability Standard and obligations under the contract. It is the new owner's intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. The prospective owners are based in Wellington and also own three other aged care facilities in the Wellington area. The managers and</p>
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		<p>the senior management team (including the executive director) meet monthly and discuss quality data, any issues/ complaints and provide clinical oversight of the facilities.</p> <p>The prospective owner (executive director) will be responsible for the oversight of the facility and plans to have weekly and monthly meetings with the manager at Anne Marie Court. The team at head office will be responsible for changing over payroll systems. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their quality management system, and policies and procedures will be transitioned into Anne Marie Court following discussions with the clinical staff and management. The planned date of takeover is mid-October.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Anne Maree Court has an implemented quality and risk management system. Quality and risk performance is reported in the monthly staff meetings and to the Board. Annual quality improvement goals are described and include plans to achieve these goals. Interviews with management and staff confirmed both their understanding and involvement in quality and risk management practices.</p> <p>Policies and procedures align with current good practice, and they are suitable to support rest home, and residential disability levels of care. Policies are reviewed a minimum of two-yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a range of adverse event data and is collated and analysed. An internal audit programme is being implemented. Corrective actions are implemented where improvements are identified. Examples of quality improvements implemented since the previous audit include (but are</p>

		<p>not limited to): new medication management systems; security upgrades; and the purchase of pressure injury prevention and falls prevention equipment.</p> <p>Resident meetings are held three-monthly. Both residents and families/whānau have provided feedback via annual satisfaction surveys. The 2023 resident survey (completed), indicate that residents are very satisfied with the services received. No corrective actions were raised. Results were discussed in the resident and staff meetings.</p> <p>Health and safety policies are implemented and monitored. Board members and staff are kept informed, evidenced in management and staff meeting minutes. The hazard register has been reviewed and is current. The service documents and analyses incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made; evidenced in the accident/incident reports reviewed.</p> <p>The manager is aware of situations that require essential notifications. Section 31 reports have been submitted related to registered nurse shortages and a stage III pressure injury since the previous audit. Public Health authorities have been notified in relation to the Covid-19 outbreak in December 2022.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> <p>The proposed owner stated that their quality management system, and policies and procedures will be transitioned into Anne Marie Court as soon as possible following discussion with the clinical staff.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is</p>	<p>PA Low</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times (varying shifts), for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by</p>

<p>managed to deliver effective person-centred and whānau-centred services.</p>		<p>utilising registered nurse sleepovers, overseas trained nurses (awaiting New Zealand competency and registration), senior HCAs acting as night shift duty leads on site, in addition to having experienced registered nurses on-call.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The manager and clinical manager are available Monday to Friday. They share an on-call roster with the RN staff.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety, and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 16 healthcare assistants, 9 have achieved a level 3 NZQA qualification or higher.</p> <p>Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four RNs (including the clinical manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, including cultural days and shared meals at meetings.</p> <p>The prospective owner does not plan to make any changes to the</p>
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		staffing or rostering apart from the recruitment of a manager. The prospective owner stated they will recruit staff as required and the recruitment of registered nurses remains ongoing.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Five staff files reviewed evidenced implementation of the recruitment process, and employment contracts. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for health professionals. Staff have a performance appraisal completed annually.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Completed orientation programmes were sighted for all staff files reviewed. The service demonstrates that the orientation programmes sighted for HCAs supports them to provide a culturally safe environment to Māori.</p> <p>Information held about staff is kept secure, and confidential. An employee ethnicity database is maintained.</p> <p>Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are kept securely electronically, and in hard copy.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived paper documents are securely stored in a locked room, and electronic records are held securely in the cloud. Both are easily retrievable</p>

		<p>when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Anne Maree Court is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the enduring power of attorney (EPOA)/whānau/family of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) service authorisation forms for residents assessed as requiring rest home, hospital, YPD, and respite level of care was in place.</p> <p>Records reviewed confirmed that admission requirements are conducted within the required timeframes and are signed on entry. The facility manager (FM) and clinical manager (CM) reported that the rights and identity of the residents will be protected by ensuring residents' information is kept confidential in locked cupboards. EPOA/whānau/family were updated where there was a delay to entry to service; this was observed in inquiry records sampled. Residents and relatives interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The FM and CM reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The resident and/or family/whānau is referred to the referral agency to ensure the person will be admitted to the appropriate service provider. There were residents of Māori descent and there were Māori staff members.</p>

		<p>The service completes routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori is implemented.</p> <p>The CEO is a Māori kaumātua and guides the service in partnering with local Māori communities, Māori health practitioners, traditional Māori healers and organisations to benefit and support Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight electronic resident files were reviewed: four rest home, including one LTS-CHC; and four hospital level, including one respite and one YPD.</p> <p>All files sampled identified that initial assessments and initial care plans were resident centred, and these were completed within the required timeframes. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the RNs and HCA staff. Cultural assessments were completed by the RNs who have completed appropriate cultural training.</p> <p>InterRAI assessments were completed within 21 days (inclusive of YPD and LTS-CHC residents) and were also based on the staff's observation of the resident. Long-term care plans were also developed with detailed interventions to address identified problems. These were completed within the required timeframes as per the contract. Resident, family/whānau and GP involvement are encouraged. Long-term care plans were reviewed at least six-monthly following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. The long-term care plans sampled identified residents' strengths, goals, and aspirations aligned with their values and beliefs. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Detailed strategies to maintain and promote the residents' independent wellbeing, and where appropriate early</p>

	<p>warning signs and risks that may affect a resident's wellbeing, were documented. The ongoing six-monthly evaluation process ensures that assessments reflected the resident's status. The respite resident had appropriate risk assessments completed and a care plan documented.</p> <p>The GP visits the service once a week and is available on call 24/7. Residents' medical admission and reviews were completed within the required timeframes. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually. The GP confirmed that medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed.</p> <p>The FM and RN reported that sufficient and appropriate information is shared between the staff at each handover (observed) on the day of audit. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the CM or FM and RNs and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>There were nine active wounds, including one pressure injury (stage III) at the time of the audit. There is a wound folder of all active wounds. All wounds have individual assessments, wound management plans and evaluations forms, with photos to evidence progression towards healing. The same information is also entered on the electronic resident management system. The CM and RN reported that Te Whatu Ora - Waitematā wound nurse specialists</p>
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		<p>and GP have input into chronic wound management when required. A range of equipment and resources were available, suited to the levels of care provided and the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information would be identified and strategies to manage these documented. Residents with a disability (including younger people) are involved in planning their care and provide feedback to the service through surveys and resident meetings. Enduring power of attorney (EPOA)/whānau/family confirmed that religious, cultural and beliefs are respected. The staff confirmed they understood the process to support residents and whānau.</p> <p>The following monitoring charts were completed in assessing and monitoring residents: fluid balance charts; turn charts; neurological observations forms; nursing observations; wound monitoring forms; blood glucose; and restraint monitoring charts. Incident reports reviewed evidenced timely follow up by an RN.</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>	FA	<p>Planned activities are appropriate to the residents' needs and abilities. Activities are conducted by the diversional therapist (DT), assisted by other staff members during the weekend. The activities are based on assessment and reflected the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments. Residents' birthdays are celebrated. A resident profile is completed for each resident within two weeks of admission in consultation with the EPOA/whānau/family and residents.</p> <p>The activity programme is formulated by the DT in consultation with the CM, RNs, EPOAs, residents, and HCAs. The activities are varied and appropriate for people in a rest home and hospital setting. YPD</p>

		<p>residents engage with other residents in the activities programme at the service; where required one on one and group activities are arranged. Residents' activity care plans were evaluated every six months or when there was any significant change. Van trips are conducted once a week.</p> <p>Activity progress notes and activity attendance checklists were completed daily on the electronic record management system. The residents were observed participating in a variety of activities on the audit days. The activity planner sighted included: music; bingo; happy hour; book reading; indoor golf; floor and board games; trivial pursuit and general knowledge; housie; knitting group; bus outing/sightseeing; church services; and therapeutic massage.</p> <p>The planned activities and community connections are suitable for the residents. The DT reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated through community engagements which are guided by CEO (Māori Kaumatua). Māori and Pacific residents are encouraged to celebrate religious and cultural festivals, with Māori residents attending marae in the community with whānau. The DT reported the service has encouraged all residents to attend any community events they wish in the community. Religious and cultural events are celebrated.</p> <p>Relatives and residents reported overall satisfaction with the level and variety of activities provided.</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>	FA	<p>There is a medication management policy in place. The service uses an electronic management system for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained, and drug incident forms are completed in the event of any drug errors.</p> <p>Indications for use are noted for pro re nata (PRN) medications. Outcomes of PRN medications were documented for effectiveness. Over-the-counter medications, and supplements are prescribed. Allergies are indicated, and photos were current. Eye drops in use were dated on opening and stored appropriately. Policies and procedures for residents self-administering medications are in place</p>

		<p>and this includes ensuring residents are competent, and the safe storage of medications. There were four residents self-administering medications on the day of the audit. All processes on managing residents who self-medicate have been completed.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the hospital or any external appointments. The nursing team checks medicines against the prescription, and these were updated in the electronic medication management system. The GP completes three-monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>There were no expired or unwanted medicines and expired medicines are returned to the pharmacy promptly. There is only one medication room. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The RN was observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were no standing orders in use. The medication policy clearly outlines RN responsibilities around supporting residents, including Māori residents and their whānau, to understand their medications. There were no barriers identified to prevent any residents accessing advice or medications. Sixteen electronic medication charts were sampled. All had photograph identification, allergies were documented, and all medications were prescribed and administered appropriately.</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,</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. The food service is managed by the cook who works from Monday to Saturday, assisted by a casual cook. There are two kitchenhands in the morning and one in the afternoon. There is an approved food control plan for the service which expires on 2 July</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>2023. Meal services are prepared on site and served in the two main dining rooms in both wings. Food is transported using a food hot box cart to the residents in the other wings and rooms. The menu was reviewed by the registered dietitian on 5 May 2023. All kitchen staff have current food handling certificates, and these were sighted in the staff files reviewed.</p> <p>Diets are modified as required and the cook confirmed awareness of the dietary needs of the residents. The residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p> <p>The kitchen and pantry were observed to be clean, tidy, and stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Records of temperature monitoring of food, fridges, and freezers are maintained.</p> <p>All decanted food had records of use-by dates recorded on the containers and no expired items were sighted. The kitchen manager reported that residents are offered varied menu options, and these would be culturally specific to te ao Māori where required. A specific Māori menu is available on request.</p> <p>The residents and relatives interviewed indicated satisfaction with the food service.</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</p>	<p>FA</p>	<p>There is a documented process for the management of transfers and discharges. A standard transfer form from Te Whatu Ora - Waitematā is utilised when residents are required to be transferred to a public hospital or another service. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that where required, a referral to other allied health providers to ensure the safety of the resident was completed. Upon discharge, current and old notes are collated and stored in a locked cupboard in a secure</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>area. If a resident's information is required by subsequent GP or service, a written request is required for the file to be transferred. The CM and RN reported residents are supported to access or seek a referral to other health and/or disability service providers and social support or Kaupapa Māori agencies, where indicated or requested.</p> <p>Evidence of residents who had been referred to other specialist services such as podiatrists, gerontology nurse specialists, and physiotherapists was sighted in the files reviewed.</p> <p>EPOA/whānau/family are involved in all exits or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this.</p>
<p><b>Subsection 4.1: The facility</b></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>PA Low</p>	<p>The building has a current building warrant of fitness in place, expires 3 November 2023. There is a maintenance person (CEO) who works 10 hours a week and covers essential maintenance 24 hours a day. Reactive and preventative maintenance systems are in place, with maintenance requests being placed on a maintenance form that gets signed off after completion of the required repair. All electrical equipment has been tested and tagged and clinical equipment has had functional checks/calibration undertaken annually (11 April 2023). Hot water temperatures have been taken; however, no records of this were available on the day of audit, or action taken to remedy where necessary. Care staff interviewed stated they had adequate equipment for the safe delivery of care, including weighing scales; pressure prevention mattresses; electric beds with high-pressure rating mattresses; and lazy boy chairs on wheels.</p> <p>The facility vehicle has a current registration and warrant of fitness.</p> <p>The communal areas at the service include the two big lounges adjacent to each other at the entrance, and a dining area next to the kitchen. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents to mobilise using mobility aids and residents were observed moving around freely. There are quiet, low stimulus areas that provide privacy when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas.</p>

		<p>There is an outdoor seating area.</p> <p>There are sufficient numbers of accessible bathroom and toilet facilities throughout the facility. This includes fourteen rooms with toilet/shower ensuite; nineteen rooms with a toilet; twelve which share a toilet with another resident; six rooms with shared ensuite; and six with no facility. Communal toilet facilities have a system that indicates if it is engaged or vacant and all have locking facilities, Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning; with all toilets, showers, and utility areas having non-slip vinyl flooring. Residents interviewed confirmed their privacy is assured when staff are undertaking personal care.</p> <p>All residents' rooms are single. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms, as observed during the audit. All bedrooms have a hand basin and free-flowing soap and paper towels in the toilet areas. All bedrooms and communal areas have ample natural light and ventilation. All rooms have wall heaters and electric fans are used. Staff and residents interviewed, stated heating and ventilation within the facility are effective.</p> <p>The service actively works with the CEO (Māori Kaumatua) towards having cultural consultants regarding any planned building extension, to ensure it reflects the aspirations and identity of Māori.</p> <p>The prospective owner has no immediate plans to change the environment and is aware of their responsibilities around consultation with Māori should there be any major refurbishments, restructuring or building projects planned in the future. The prospective owner was aware of the shortfall around hot water temperature monitoring.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. There is a register that is maintained that details the care needs of residents in</p>

<p>emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>the event of an emergency. Staff have been trained and know what to do in an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A trial evacuation drill was performed last on 3 April 2023. The drills are conducted every six months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors, and the car park is the designated assembly point. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. Adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, continence products, and a gas BBQ were sighted. There is no generator on site, but one can be hired if required. Emergency lighting is available and is regularly tested. All staff had current first aid certificates. Staff confirmed their awareness of the emergency procedures.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Relatives confirmed that staff respond to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time and there is a closed-circuit television and video (CCTV) system monitoring the entrance, rear area, and communal areas. Relatives and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers, wear masks within the facility and complete a Covid-19 screening questionnaire, and rapid antigen testing (RAT).</p>
<p>Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>A registered nurse oversees infection control and prevention across the service. The infection control coordinator job description outlines the responsibility of the role of infection prevention and control coordinator. The infection prevention control and antimicrobial</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>stewardship (AMS) programme is appropriate for Anne Maree Court. Infection prevention and control is linked into the quality risk and incident reporting system. The infection prevention and control and AMS programme is reviewed annually, and infection control audits are conducted as part of the annual audit programme. Infection prevention and control matters are discussed as part of the staff meetings. Infection prevention and control is included in the business and quality plans. The infection control coordinator is able to access advice from Te Whatu Ora - Waitematā infection prevention and control specialist, an external consultant, and the GP. The Board are informed of any infections through the manager's report and are informed of any outbreaks immediately.</p> <p>Anne Maree Court has a process in place to mitigate their risk around pandemics, including Covid-19. Hand sanitisers are strategically placed around the facility. The service offers influenza vaccinations.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator has undertaken recent online education in infection prevention and control via the Ministry of Health online portal. The pandemic response protocols were effectively utilised in the preparation and planning for the management of the December 2022 Covid-19 outbreak. There are outbreak kits readily available and personal protective equipment in the storeroom. A robust pandemic plan is in place.</p> <p>The infection prevention control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are reviewed by the management and are available to staff. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use with antiviral wipes and sprays. Reusable eye protection, blood pressure equipment, and hoists are appropriately disinfected between resident use. Single use items (eg, wound packs) are used for their intended purpose then discarded appropriately. Infection control is included in the internal audit schedule. Any corrective actions identified have been</p>

		<p>implemented and signed off as resolved. The manager is responsible for the purchasing of supplies and equipment with input from the infection control coordinator and has access to the clinical nurse specialist from Te Whatu Ora - Waitematā for advice if required. The infection control coordinator would have input if there were any building or large refurbishment projects planned.</p> <p>The service provides te reo Māori information around infection control for Māori residents. The staff are trained in providing culturally safe practices, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around practicing in a culturally safe manner and could provide examples in relation to their roles.</p> <p>The infection control policy states that Anne Maree Court is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19. All staff completed infection prevention and control in-services and associated competencies, such as handwashing and the use of personal protective equipment.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There is an antimicrobial use policy, and procedures monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, laboratory results and medical notes. The GP and infection control coordinator monitor antibiotic use. The antimicrobial policy is appropriate for the size, scope, and complexity of the residents. Infection rates are monitored monthly and reported to the staff meetings. Prophylactic use of antibiotics is not considered appropriate and is avoided where possible.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p>	FA	<p>The infection prevention control policy describes surveillance as an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including</p>

<p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>		<p>organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at staff meetings and daily updates held during the recent outbreak. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. Anne Maree Court receives regular notifications and alerts from Te Whatu Ora Health - Waitematā for any community concerns.</p> <p>There has been one outbreak since the previous audit (Covid-19 – December 2022), affecting several residents and staff, which was appropriately managed with Te Whatu Ora Health - Waitematā and Public Health unit appropriately notified. All appropriate isolation measures were in place to prevent the spread of infection to other residents and staff. Families/whānau were kept informed and updated on Covid-19 policies and procedures via email.</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>Anne Maree Court has policies regarding chemical safety and waste disposal. The chemicals were clearly labelled with manufacturer’s labels and stored in a locked cupboard. Cleaning chemicals are diluted and mixed safely in spray bottles. There are safety datasheets and product sheets available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff when caring and working with residents. There are sluice rooms with personal protective equipment available, including face visors. Staff have completed chemical safety training.</p> <p>All laundry is outsourced and handled offsite. The cleaning trolley was always attended and locked away when not in use. All chemicals on the cleaning trolley were labelled. There is appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system. The staff interviewed demonstrated their understanding of the systems and</p>

		processes.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy states ‘The company's facilities are a non-restraint environment and are committed to providing services to all residents without use of restraint.’ The organisation work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. The CM and FM on interview described the focus on working towards a restraint-free environment.</p> <p>There is a process of reporting to the facility manager and owner director when restraints are required. The owner director is involved in the service on a regular basis and supports the management team on eliminating any restraint use. Restraint use is part of the quality data collated, which is reported at all levels of the service.</p> <p>The restraint coordinator is the RN for which there is a job description. The restraint coordinator monitors environmental impacts on the use of restraint and implements changes that contribute to restraint minimisation. An example of this is the use of low-low beds and fall out mats. The clinical/staff group meet monthly and restraint usage is discussed at this meeting. There is currently one resident with a lap belt. The restraint management policy and procedure inform the delivery of services to avoid the use of restraint. The use of alternative methods is a focus of the policy. The policy includes holistic assessment processes of the person, support plan, and information on avoiding the use of restraint.</p> <p>Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. The education programme for 2022 and 2023 included restraint training for staff and all staff have current restraint competencies. A training register supports management to monitor those staff who have not completed training or competencies are out of date. The service is working towards having a resident or representative on the restraint committee.</p> <p>The prospective owner is committed to working towards providing a restraint-free environment.</p>

<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint committee has determined and approved the following restraint equipment types, which includes bedrails, chair lap belt and fall out chair. Restraint is only initiated and as a last resort after consultation with a GP, registered nurse and restraint coordinator and involve the resident and/or their next of kin/representative. There is an implemented process describing the frequency and extent of monitoring restraint that relates to identified risks.</p> <p>The assessment process includes alternatives and identifies interventions and strategies that have been tried or implemented. There is one resident identified on the restraint register with a lap belt. A restraint assessment had been completed which linked to the care plan. The care plan included interventions to manage the resident's safety and dignity. Monitoring requirements are identified in the care plan. Records reviewed identified the regular two-hourly monitoring while the lap belt is in place. Progress notes describe restraint events. The restraint use is evaluated monthly. The evaluation considered those listed in 6.2.7. The resident and family/whānau are involved in the review.</p> <p>The restraint policy includes clear guidelines around the use of emergency restraint. The policy states a full review of each restraint incident will be completed, and the report forwarded to the restraint coordinator/CM for consideration. There have been no reported events of emergency restraint at Anne Maree Court. Processes are in place should debrief meetings be required following the use of emergency restraints.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></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</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. Internal audits are completed six-monthly. The outcome of an internal audit goes through to the restraint RN/CM and the combined quality/staff meeting. The restraint coordinator/CM/FM meet three-monthly and includes a review of restraint use, restraint incidents, and education needs.</p>

restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.		Restraint data, including any incidents, are reported as part of the RN report to the CM/FM. The CM described how corrective actions would be implemented where required.
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	As per the ARC contract with Te Whatu Ora Health New Zealand- Waitematā, an aged care facility providing hospital level care is required to always have at least one registered nurse on duty; however, the service has been unable to provide a registered nurse on site over various shifts for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising a senior caregiver acting as night shift duty lead on site, registered nurse sleep overs and a robust on-call system.	The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service</p>	PA Low	There is a current building warrant of fitness in place. Preventative and reactive maintenance occur. The CEO is responsible for all maintenance issues. The staff confirm there is adequate equipment to provide resident care.	The record of hot water temperature checks or actions taken to remedy where necessary could not be located on the	Ensure hot water temperatures are recorded throughout the facility, and records are maintained to evidence

<p>being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>All equipment has been tagged, tested, and calibrated on an annual basis; however, hot water temperatures have not been recorded according to policy.</p>	<p>day of the audit.</p>	<p>remedy where necessary.</p> <p>60 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display
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End of the report.