

Age Care Central Limited - Maryann Rest Home and Hospital

Introduction

This report records the results of a Partial 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 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: Age Care Central Limited

Premises audited: Maryann Rest Home and Hospital

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

Dates of audit: Start date: 16 November 2023 End date: 16 November 2023

Proposed changes to current services (if any): A new wing of 18 beds has been built in a way that allows four beds to be utilised between rest home, hospital, or dementia care services as the need arises. A security door will allow an area of the new wing to be used for dementia care should this service be required.

Total beds occupied across all premises included in the audit on the first day of the audit: 41



Executive summary of the audit

Introduction

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

- ō 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 haumaruru | 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

Maryann Residential Rest Home and Hospital is situated in Stratford, Taranaki. It is owned and operated by Age Care Central Limited. The facility currently provides rest home, hospital, and dementia care services for up to 49 residents. Maryann Residential Rest Home and Hospital has a newly built wing comprising of 18 rooms. It is proposed that four rooms will be utilised between rest home, hospital, or dementia care services as the need arises. Security doors will allow the area to be sectioned off to allow for the care of residents requiring dementia level care. The proposed dementia care area is adjacent to the current dementia care unit. When sectioned off the new rooms will become part of the main dementia care area potentially increasing the number of dementia care residents from the current 16 to up to 20 residents. It is proposed that all other rooms will provide dual purpose care services, rest home or hospital.

This partial provisional audit has been undertaken to establish the level of preparedness of Maryann Residential Rest Home and Hospital to accept residents into the new wing. The chief executive officer, who has been in the role since 2020, is an experienced and suitably qualified person to manage the facility. The chief executive officer is supported by a nurse manager, a clinical manager, and a clinical coordinator. The nurse manager is responsible for the oversight of the clinical services in the facility.

Prior to occupancy of residents into the new wing, the service provider is required to have a certificate of public use for the new wing, a fire and emergency management plan approved by Fire and Emergency New Zealand (FENZ).

Other areas of improvement required from this audit relate to director cultural competency and the reporting of antimicrobial stewardship to the board. Added to this, staff already employed for the proposed service are to be orientated to the new wing and any new staff employed fully orientated into the service, with the required competencies completed.

Ō tātou motika | Our rights

Not applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

Age Care Central Limited is the governing body for Maryann Residential Care Home and Hospital, which assumes accountability for delivering a high-quality service at the facility. This includes supporting meaningful inclusion of Māori with input into organisational policies.

The purpose, values, direction, scope, and goals for the organisation have been planned and defined. There is a process in place to ensure that performance is monitored and reviewed at planned intervals.

Age Care Central Limited have built a new wing at Maryann Residential Care Home and Hospital with 18 rooms. No care is currently being delivered in this wing. The service hopes to be able to accept admissions from 3 January 2024.

Proposed staffing levels and skill mix, outlined in the transition plan and proposed roster, are sufficient for staffing the proposed wing. Staffing levels will be managed as per the resident numbers and acuity, including if the rooms are used for secure dementia services. The rooms have been designed to meet the cultural and clinical needs of residents. There is a process already in place through Age Care Central Limited to ensure that staff are appointed, orientated, and managed using current good practice and this has been used in the recruitment of staff for the new wing. A systematic approach is in place to identify and deliver ongoing

learning to support safe and equitable service delivery. A general/nurse practitioner service has been contracted to manage residents' medical needs.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication management policies and procedures are in place to support the safe delivery of rest home, hospital, and dementia care services. Policies and procedures reflect current good practice and legislative requirements. Medication will be managed electronically and the equipment to do this is currently available. There is a process in place to ensure that medication will be administered by staff competent to do so.

There is a secure medication room for the storage of medication in the new wing. The temperature of the room is currently being monitored to ascertain whether a heating/cooling device will be required to maintain an appropriate temperature. Controlled medication is kept securely in one central place within the facility.

There are processes in place to manage activity assessments and planning which sit alongside the current activities service objectives.

Food services are already in place at Maryann Residential Care Home and Hospital. The new wing will be supplied from the main kitchen using an insulated food transport system. Menus are in place that meet the nutritional needs of the residents, with special cultural needs catered for. There is a food control plan in place that has been approved, and there are processes in place to make sure food is safely managed.

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

The wing has been built to meet the care needs of rest home and hospital residents with an option to securely apportion four rooms to provide dementia care services. The four rooms are adjacent to the current dementia care unit and, if utilised, they will share the lounge, dining, and secure garden area. There is space in the current dementia unit to accommodate up to four additional residents

if required. Security in the dementia unit is through the use of an electronic 'fob' to allow access/egress. This will be extended if further beds from the new wing are added to the service, the electronic points for security are already in place. Electrical equipment has been tested as required, including new equipment and biomedical equipment purchased for the new wing. External areas outside of the dementia unit are safe and accessible and meet the needs of people with disabilities.

The new wing is attached to the main facility. The rooms are of a good size, with handbasins and ceiling hoists in place. Toilets and shower rooms are communal. Call bells are in place in all the rooms, bathrooms, and recreation areas.

The nurse manager understood emergency procedures for the site, and use of emergency equipment and supplies. There is a process in place to ensure any new staff have the appropriate training once recruited through the orientation programme. Annual competency thereafter takes place through a training programme which is already well established at Maryann Residential Care Home and Hospital.

The fire and emergency plan has been formulated and presented to Fire and Emergency New Zealand (FENZ). There are sufficient supplies available for a civil defence emergency. An application for a certificate of public use is in progress.

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

Age Care Central Limited, as an organisation, 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. A senior registered nurse is the infection prevention and control resource nurse for the programme. The infection prevention and control resource nurse has completed education relevant to the role and has been involved in service configuration and procurement processes for the new wing.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical team, which includes infection prevention and control resource nurse, have approved the infection control suite of policies and the pandemic/infectious diseases response plan. People working on the site were noted to be carrying out good principles and

practice around infection control. The registered nurse staff in the facility were familiar with the pandemic/infectious diseases response plan, which has been specifically written to assist Maryann Residential Care Home and Hospital to manage in a challenging situation.

There are processes in place at Maryann Residential Care Home and Hospital to ensure that aged care specific infection surveillance is undertaken with follow-up action taken as required. This will support residents in the proposed wing once people are resident.

The environment supports prevention of, and transmission of, infections. There are processes in place to make sure cleaning, laundry, waste, and hazardous substances can be well managed.

Here taratahi | Restraint and seclusion

The service has been a restraint-free environment since 2019. This is supported by the governing body and policies and procedures.

A comprehensive assessment, approval, and monitoring process, with regular reviews is available to staff at Maryann Residential Care Home and Hospital should restraint be required in the future. Restraint would be used by the service as a last resort and only when all other strategies have failed.

The clinical coordinator (who is currently employed), is the restraint coordinator. The clinical coordinator has completed education relevant to the role and demonstrated a sound knowledge and understanding of the restraint process, including least restrictive practices, de-escalation techniques, and alternative interventions.

Restraint is part of the current performance reporting of Maryann Residential Care Home and Hospital.

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	8	0	6	0	0	0
Criteria	0	84	0	6	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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 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>	PA Low	<p>The governing body of Age Care Central Limited (Age Care Central) assumes accountability for delivering a high-quality service at Maryann Residential Car Home and Hospital (Maryann), and this accountability will be extended to the services proposed for the new wing. Appropriate policies and procedures relevant to Māori, and mechanisms for the delivery of equitable and appropriate services for Māori have been managed in consultation with an external service. Board members have yet to demonstrate documented expertise in Te Tiriti o Waitangi, health equity and cultural competency (refer criterion 2.1.10). Means to support equity for Māori, Pasifika and tāngata whaikaha (people with disabilities) is contained within policy documentation and organisational practices (e.g., staff education, physical accessibility, information availability in Māori, Pasifika, and other languages). Policies and procedures viewed were current, thus addressing an issue identified at the previous audit (HDSS 2008: criterion 1.2.3.4).</p> <p>The strategic and business plans include a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and performance review requirements at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into practice for all</p>

	<p>residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation. The governing body has appointed an experienced and suitably qualified chief executive officer (CEO) to manage Maryann alongside an experienced nurse manager (NM) who is an experienced registered nurse (RN) and who will be responsible for clinical services. The CEO and NM have been employed at Maryann for a number of years, and confirmed knowledge of the sector, regulatory and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples is available through Te Whatu Ora – Health New Zealand Taranaki (Te Whatu Ora Taranaki) and for Māori, through the local Whakaahurangi Marae. This is supported internally through policy and procedure and health plans to include specificities aligned with Te Whare Tapa Whā (for Māori) and Fonofale or Te Vaka Atafaga (for Pasifika), as well as peoples from other ethnic backgrounds. Staff currently employed at Maryann have completed Te Tiriti o Waitangi, health equity and equality, diversity, and inclusion training, and this is included in orientation documentation and competencies for new staff employed into the service.</p> <p>Age Care Central board meeting minutes demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the Age Care Central board of directors showed adequate information to monitor performance is reported, except for antimicrobial information to assist the board with managing stewardship of antibiotic use (refer criterion 5.1.3). A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. Maryann will contribute information through the established reporting channels to board reports once residents are admitted to the new wing.</p> <p>The Maryann management team also has processes in place to evaluate services through meetings with residents and their whānau, and through surveys from residents and whānau. Age Care Central already supplies these safeguards to services currently being delivered at Maryann and will extend this to the new wing when there are</p>
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		<p>residents present.</p> <p>Te Whatu Ora Taranaki is supportive of the new wing addition to Maryann's services and its provision of 18 dual purpose (rest home or hospital care level) and dementia care rooms. There are no services being provided in the new wing currently.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>Aged Care Central has a sound recruitment process in place managed at facility level. There is a documented process in place for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, 7 days a week (24/7). There is a transition plan in place to manage admissions to the new wing. The transition plan outlines a process to adjust staffing levels to meet the needs of residents as they are admitted to the facility, and thereafter through bed occupancy and resident care needs and acuity.</p> <p>The proposed roster for the facility comprises of RN cover 24 hours per day/7 days per week (24/7) with the support of the NM (who is an RN) working four days per week, and a clinical coordinator (CC), working five days per week. The RNs will be supported by caregivers, five of whom have already been recruited internally from casual and/or fixed-term contract staff. Recruitment externally has commenced for further staff. The transition plan shows how staffing will be increased dependent on admissions. There are sufficient staff already in place to start to manage the care of residents admitted to the facility, but staffing will need to be adjusted as more residents are admitted depending on the care required for those residents.</p> <p>Cleaning services will also be extended into the new wing, laundry services are externally contracted. Food services are already in place servicing the current Maryann facility; these will be extended to include the proposed services in the new wing.</p> <p>Maryann has a formal orientation process for all staff that includes competencies dependent on the role. All staff are required to have cultural competence as part of the orientation process (refer criterion 2.4.4); cultural competency includes equity principles. Continuing education and competency review thereafter is planned by Maryann annually. The training programme is delivered through an RN educator</p>

		<p>employed by the service. Mandatory training as per the schedule was sighted for current staff. The programme will be extended to new staff employed for the proposed services in the new wing. All mandatory training and competency requirements are included. The service has embedded cultural values and competencies in their training programmes, including cultural safety, Te Tiriti o Waitangi, te reo Māori and tikanga practices. Related competencies are assessed and support equitable service delivery. Registered nurse (RN) specific training includes interRAI competency, first aid certification, and syringe driver training. The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement and through staff education, and these are already in place within the service.</p> <p>Age Care Central supports and encourages health care assistants at Maryann to obtain a New Zealand Qualification Authority (NZQA) qualification. The service currently has a secure dementia unit on the site. Staff working in the current service had the required education to work in the dementia care area. Of the staff who have already been employed to staff the new wing (five), two already hold a dementia specific qualification. Education related to dementia care coverage will be offered as per the normal procedures for the service.</p> <p>There are policies and procedures in place around wellness, bullying, and harassment. The service has access to a confidential employment assistance programme (EAP) for staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	<p>PA Low</p>	<p>Age Care Central human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the increased staffing required to deliver care into the new wing. There are job descriptions in place for all positions, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position, including for restraint and infection prevention and control (currently being undertaken by a senior</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>RN).</p> <p>Performance appraisals for staff are carried out annually and this will be extended to include any new staff employed for Maryann. Prior to resident occupancy, staff already employed and new staff entering into the Maryann service will need to be orientated to the new wing, and new staff will need to be orientated to the specific services proposed for the new wing with competencies assessed (refer criterion 2.4.4).</p> <p>Ethnicity data is currently being recorded and used by Age Care Central in line with health information standards; Maryann collects ethnicity information on staff and residents. The service understands its obligations in recruitment in line with the Ngā Paerewa standard and contracts to provide aged-care services with Te Whatu Ora Taranaki. There are service procedures in place to actively seek and recruit Māori and Pasifika at all levels of the organisation, dependent on vacancies and applicants. There were staff who identify as Māori and Pasifika already employed in the service.</p> <p>A register of practising certificates is maintained for RNs, the enrolled nurse, and associated health providers.</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented. Staff have access to an employee assistance programme (EAP) should they require personal support.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The service has employed an additional diversional therapist (DT) who will add to the current recreation and leisure support team. Activities are currently being provided in the rest home/hospital areas of the facility five days per week and in the dementia unit seven days per week, these will be extended to the new wing. This addresses an issue highlighted in the last audit related to activities (HDSS 2008: Criterion 1.3.7.1). The activities programme will be extended to the residents in the new wing once residents have been admitted.</p> <p>Files viewed (three) of residents currently in the facility showed individualised input into the programme from residents and whānau. Input is also acquired through resident meetings and satisfaction</p>

		<p>surveys. There are processes in place to make sure that the programme is adjusted based on resident assessment, and geared to reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyments. The programme outlines how opportunities for any Māori residents and their whānau to participate in te ao Māori will be facilitated through community engagement (including to the local marae) and through internal celebrations relevant to Māori (e.g., Māori language week and Matariki) and other cultures (e.g., Samoan language week, multicultural days, Armistice Day). Residents have access to external communities such as a monthly senior citizens' concert at a local church, 'Chirpy Friday' run through Age Concern, visits from children from the local schools/educational facilities, and visits to cafes and/or local parks in the community vehicles as weather permits. Religious services are held in the facility every week.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Age Care Central's medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these are in use at Maryann. A electronic system for medicine management is available for use in the new wing. The new wing has a lockable room designated for storage of medication. The new medication room is being temperature monitored to ensure the temperature of the room remains within appropriate limits. Controlled medications are kept in one central area of the facility for use across the facility.</p> <p>Medications are already being supplied to Maryann from a contracted pharmacy; the service will extend to the new wing once approval for residents to enter the wing has been granted. There are processes in place to ensure that medication reconciliation occurs. There were medications on site during the audit, but not in the new wing.</p> <p>Procedures are in place to ensure that all staff who administer medicines are competent to perform the function they manage. Registered nurses administer medication at Maryann except in the designated rest home and dementia areas of the facility, where this is done by the EN or HCAs under the delegated authority of the RN. Medication administration in the new wing will be undertaken by RNs. A</p>

		<p>process is in place to identify, record and communicate residents' medicine-related allergies and sensitivities through the electronic medication management system.</p> <p>General practitioner (GP) services are contracted for Maryann; these are usually carried out by a nurse practitioner (NP) who currently attends the facility for half a day each week and for any emergency situations. The service will be extended to a full day, plus in an emergency once approval for residents to enter the wing has been granted. The facility's NP confirmed capacity to manage the 18 residents proposed for the new wing at interview. Maryann policies require that GP/NP reviews be recorded on the electronic medication charts of residents. This was noted to have been carried out on three records sighted of current residents, and will be put into place in the new wing as residents enter the service. Standing orders are not used at Maryann. Self-administration of medication can be facilitated and safely managed should this be required for new residents.</p> <p>Support for people to understand their medication will be provided by the RNs in the service, in consultation with the NP or GP. Support for Māori will be through Māori staff employed by the service and kaumātua from the Whakaahurangi Marae as required.</p> <p>Over-the-counter medication and any supplements used by residents will be considered as part of the person's medication; this is normal practice for Maryann.</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 services currently being provided for Maryann are in line with recognised nutritional guidelines for older people. Food is currently being prepared on-site and, once there are occupants in the proposed new wing, food will be served in the dining rooms and residents' rooms using an insulated food transport ('hotbox') service. The proposed new wing has a dining and lounge areas shared with the current facility; the space has been extended during the new build. The new wing also has a smaller day room in the new wing for the leisure use of residents. If the four rooms proposed for use for dementia care residents are in use, the rooms open up to the main dementia unit and residents will share the facilities already in place. There is sufficient space within the current</p>

		<p>dementia care service area for this to be managed. It was noted during the audit that there was room in each dining area for residents to enjoy their meals in a dignified manner and in a relaxing environment.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu for Maryann was approved by a registered dietitian on 6 October 2022. Menu development is run on a seasonal cycle. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken with an expiry date of 14 June 2024; no areas of non-conformance were noted. The plan was verified for 18 months.</p> <p>There are processes in place to ensure each resident has a nutritional assessment on admission to the facility. The kitchen manager is made aware of the dietary needs of residents via their diet profiles. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan, including for Māori.</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>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and that they meet legislative requirements. The facility has a current warrant of fitness, but the certificate of public use for the new wing has not yet been granted (refer criterion 4.1.1). The new wing is a new build; during the planning there was consultation and co-design with input from a member of the board who identified as Māori who was on the board at that time. Signage in te reo Māori was evident throughout the current care facility and the new wing during the audit. Maryann hopes to be able to commence use of the new building from 3 January 2023.</p> <p>A preventative maintenance programme is in place at Maryann to ensure the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe; this will be extended to the new wing once it is opened. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and clinical equipment. Monthly hot water testing is being undertaken for resident areas in the current service and this will be extended to the new wing once residents are admitted.</p>

	<p>There is a process in place to identify deficits and managed remediation should this be required. There are environmental and building compliance audits, completed as part of the internal audit schedule.</p> <p>The rooms in the new wing at Maryann are comfortable and accessible, with space to promote independence and safe mobility. Corridors are wide enough for the safe use of mobility aids, including electronic mobility aids, and handrails are in place. Spaces within the facility are culturally inclusive and suited to the needs of the resident groups proposed for the service. There is a lounge/dining facility adjacent to the new wing for the use of residents, if the rooms proposed for use for dementia care are in use, they will join with residents in the current dementia unit dining area. There is space in each area to manage the increased resident numbers. There are lounge areas which can be used for activities for residents as well as a whānau room and a small day room if a quieter environment is required. External areas are accessible and have seating and shade available. The garden in the secure dementia area is secure. There are adequate numbers of accessible bathroom and toilet facilities in the new wing and throughout the facility, including separate facilities for staff and for visitors.</p> <p>It is proposed that the 18 rooms in the new wing at Maryann provide dual-purpose (rest home or hospital services) rooms. There are four rooms in the new wing adjacent to the dementia unit, it is envisaged that these rooms can be used to provide dementia care if there is a need for that service. The four rooms can be released from dual purpose to dementia care 'two by two' (two rooms opposite each other followed by another two rooms opposite each other depending on need) to be used as secure dementia rooms. There are doors between the proposed rooms that can be secured as required with the door to the current unit being then opened up. The doors in the new wing already have the security access points installed. All rooms in the new wing have an inbuilt ceiling hoist.</p> <p>Rooms can be personalised according to the resident's preference, and all have external windows which can be opened for ventilation; safety catches are in place. The new wing has adjustable underfloor heating in place which can be adjusted to resident preference. There is space in the new wing for the storage of mobile moving and handling equipment in case of an emergency: two mobile hoists (one standing and one</p>
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		slings) and these were sighted to be in place. Other equipment sighted confirmed that enough equipment has been purchased to manage resident care activities should residents be admitted to the new wing.
<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>	PA Low	<p>Disaster and civil defence plans and policies are in place to direct the facility in their preparation for disasters and these describe the procedures to be followed. An application for the approval of the fire and emergency evacuation plan for the new wing has been made to Fire and Emergency New Zealand (FENZ), but this has not yet been approved (refer criterion 4.2.1). All areas in the new wing have wired smoke alarms and sprinklers in situ.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The supplies on hand are sufficient to manage any admissions into the proposed care apartment and suites.</p> <p>Orientation includes competencies in the management of fire and emergency, and continuing competency in these are part of the annual training programme (refer criterion 2.4.4). Emergency and security arrangements will be explained to new residents and their whānau during the admission process as per the current processes in use.</p> <p>Call bells are in place to alert staff to residents requiring assistance. There is a call bell system in all rooms in the new wing. There are also call bells in all toilets, shower rooms, and communal areas.</p> <p>There is a programme in place to ensure that there will always be a staff member on duty with current first aid certification. Twenty-nine (29) current staff, including RNs in the service, have completed first aid training and have current first aid certification. RNs will be on site 24/7. The new wing is attached to the main facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	PA Low	<p>The Age Care Central governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service. It is described in policy and is part of its quality programme. Access to information to support the governance body is</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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>through a contracted infection control contractor. Board and clinical meeting minutes reflected the reporting of IPC information although this does not include the use of anti-microbials (refer criterion 5.1.3). The service provides information to the board on the outcomes from activities from the IPC programme and any corrective actions arising from deficits identified.</p> <p>Expertise and advice are available as required following a defined process utilising the expertise of Maryann clinical staff, the GP/NP, pharmacy, Te Whatu Ora Taranaki, and Regional Public Health. Services in the new wing will be incorporated into the facility's IPC and AMS monitoring as per the monitoring of current residents in the wider service.</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>PA Low</p>	<p>A senior RN is the IPC resource nurse (IPCRN) for Maryann. The IPCRN was not available for interview, interviews were conducted with the NM and CC of the Maryann facility. The IPCRN is responsible for overseeing and implementing the IP programme at Maryann with reporting lines to the NM. The IP and AMS programme is linked to the quality improvement programme that is reviewed and reported on annually. The IPCRN has the appropriate skills, knowledge, and qualifications to support and maintain safe IPC and AMS practices at the facility. The IPCRN, along with the Maryann CC and NM were involved in the building of the new wing at Maryann around the built environment, and when making decisions around procurement relevant to care delivery, and policies.</p> <p>The IPC policies and procedures currently in place reflect the requirements of the standard. They are provided by a specialised infection prevention and control contractor and are based on accepted good practice. Cultural advice is sought where appropriate. Staff are made familiar with policies and procedures through education during orientation (refer criterion 2.4.4) and through ongoing education. Policies and processes outline how reusable and shared equipment are decontaminated using best practice guidelines, but there are no processes in place to audit decontamination (refer criterion 5.2.10). There are processes and equipment in place to ensure single use items</p>

		<p>can be discarded after use.</p> <p>Partnership with Māori for the protection of culturally safe practice that acknowledges Te Tiriti o Waitangi can be achieved through staff who identify as Māori and speak te reo Māori. They, or kaumātua from Whakaahurangi Marae, can provide infection control advice and information in te reo Māori if needed for Māori accessing services. Educational resources included a range of brochures which were available in te reo Māori and were accessible to Māori.</p> <p>A pandemic/infectious diseases response plan is documented. Sufficient resources have been purchased to manage infection, including sufficient stores of personal protective equipment (PPE). The NM and CC reported that there are processes in place to make sure that residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>Processes already in place will be extended to meet the needs of residents in the new wing at Maryann.</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>Age Care Central is committed to reducing the inappropriate use of antibiotics. The responsible use of antimicrobials is promoted in policy documentation, the use of which is approved by the governing body. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is being evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes, that they are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is not yet being reported to governance level (refer criteria 5.1.3).</p> <p>The AMS programme currently in place will be extended to encompass the new wing at Maryann.</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</p>	FA	<p>Policy and procedures for the surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control</p>

<p>surveillance programme. 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>programme. Maryann uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collected, collated, and analysed to identify any trends, possible causative factors and required actions in respect of HAIs. Results of the surveillance programme are shared with staff and reported to governance level. Surveillance data includes ethnicity data, and antibiotic use is reported at clinical meetings.</p> <p>Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p> <p>Surveillance processes will be extended to include residents admitted to the new wing at Maryann.</p>
<p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>Processes are in place to maintain a clean and hygienic environment that supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at Maryann; these have been extended to meet the requirement in the new wing. Suitable personal protective equipment (PPE) is available to those who will be handling contaminated material, waste, and hazardous substances. Staff working at Maryann were noted to be following documented policies and processes for the management of waste and infectious and hazardous substances. The IPCRN has oversight of facility testing and the monitoring programme for the built environment and they, along with the NM and CC, have been included in the processes around the built environment and procurement for the new wing.</p> <p>There are documented policies and processes in place for the management of cleaning, laundry, waste, and infectious and hazardous substances. The environment at the main Maryann facility was observed to be clean and tidy and evidence was sighted to support that people, visitors, and the workforce are protected from harm when handling waste or hazardous substances. The new wing was clean and tidy where work was not being done, and the environment was being managed safely where work was being undertaken, with appropriate signage in place to alert anyone entering the wing of potential hazards.</p>

		<p>Documented cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed in the cleaning process in the main facility. No chemicals were yet in use in the new wing, but processes implemented for the main facility will be utilised in the new wing. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment. Chemicals were labelled appropriately, and staff engaged with the use of chemicals had received education in relation to chemical use. Material data safety sheets (MDSS) are available to staff for emergency use. A sluice room was in place in the new wing at Maryann for the disposal of soiled water and waste (using a closed system); sanitisation equipment has been purchased. Hand washing facilities and hand sanitisers were sighted throughout the facility and in the new wing.</p> <p>Policies and processes were in place that identified laundering processes, including the limited access to areas where laundry was stored. Laundry processes at Maryann are undertaken by a contracted service but monitoring for effectiveness is managed through Maryann's internal auditing programme.</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>Maryann is a restraint-free environment and Age Care Central policies and procedures support restraint elimination. Restraint has not been used in the facility since 2019.</p> <p>The restraint policies and procedures outline how service delivery will avoid the need for the use of restraint through the use of de-escalation processes and staff interventions. Equipment which can be used for restraint is specified in the policy along with processes to manage any restraint use safely. Should restraint be required, documentation is available to ensure there is a comprehensive assessment, approval, and monitoring process, with regular reviews and this is available to staff at Maryann. There are clear lines of accountability for any decision to use or not use restraint. Where restraint is to be used, or not used, there is a process in place to involve the resident, their enduring power of attorney (EPOA) and/or whānau as part of the decision-making process.</p>

		<p>The CC, who is an RN, is currently the restraint coordinator (RC) for Maryann. The RC is a defined role that would provide support and oversight should restraint be required. There is a job description in place that outlines the role, and the RC has completed education relevant to the role.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.10</p> <p>Governance bodies shall have demonstrated expertise in Te Tiriti, health equity, and cultural safety as core competencies.</p>	PA Low	Maryann does not have documented evidence that directors have completed education or training in Te Tiriti o Waitangi, health equity, or cultural competency. There is support at clinical level via the local marae, but this does not currently extend to the governance group.	None of the Maryann directors have documented expertise in Te Tiriti o Waitangi, health equity, or cultural competency.	<p>Provide evidence that the governance group for Maryann has documented expertise in Te Tiriti o Waitangi, health equity, and cultural competency.</p> <p>180 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	Maryann has robust processes in place to orientate staff to their facility. Four HCAs employed to manage care into the new wing have been orientated into the service. Staff already employed and new staff entering into the Maryann service will need to be orientated to the new wing and, for	Staff employed currently to work in the new wing at Maryann have yet to be orientated to the new wing. Staff employed for the service will need to be orientated to the new wing and the specific services proposed to be provided in the new wing. Competencies for new staff will	<p>Provide evidence that staff who have already been employed to work in the new wing at Maryann have been orientated to the new wing prior to it being opened. Provide evidence that any new staff employed for the service have been orientated to the service, the specific services proposed to be</p>

		new staff, the specific services proposed for the new wing at Maryann with appropriate competencies assessed (eg, medication, fire and emergency management, moving and handling, chemical safety, food handling, infection control including pandemic planning and the use of personal protective equipment (PPE), cultural safety, and restraint).	need to be assessed.	provided in the new wing, and that the required competencies for new staff have been assessed. Prior to occupancy days
Criterion 4.1.1 Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.	PA Low	The new wing at Maryann required building consent. Most of the work has been completed with the remaining work to be completed shortly (primarily painting). The facility will require a certificate of public use for the new wing prior to occupancy of any residents. The process to apply for this has been commenced.	The service does not yet have a certificate of public use, which will be required prior to residents being accepted into the new wing at Maryann.	Provide evidence of a certificate of public use for the new wing at Maryann prior to resident occupancy. Prior to occupancy days
Criterion 4.2.1 Where required by legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.	PA Low	The fire and emergency evacuation plan for the new wing at Maryann has been referred to FENZ for approval, but this has not yet been approved.	FENZ has not approved the fire and emergency evacuation plan for the new wing at Maryann.	Provide evidence that the fire and emergency evacuation scheme has been approved by FENZ prior residents being admitted into the new wing at Maryann. Prior to occupancy days
Criterion 5.1.3 There shall be a documented	PA Low	Infection prevention and control activities, including any significant	Antimicrobial use information is not reported to the board to	Provide evidence that antimicrobial use information is reported to the

<p>pathway for IP and AMS issues to be reported to the governance body at defined intervals, which includes escalation of significant incidents.</p>		<p>events (eg, infection surveillance, internal audit outcomes, and significant events such as COVID-19 and other outbreaks) are reported to the board in a clinical report presented at board meetings. The information does not include the use of antimicrobials to support the board in their responsibilities related to AMS.</p>	<p>support the board in their responsibilities in relation to AMS.</p>	<p>board to support the board in their responsibilities in relation to AMS.</p> <p>180 days</p>
<p>Criterion 5.2.10</p> <p>There shall be evidence of audit and corrective actions, if applicable, of the appropriate decontamination of reusable medical devices based on recommendations from the manufacturer and best practice standards.</p>	<p>PA Low</p>	<p>Policies and processes outline how reusable and shared equipment are to be decontaminated using best practice guidelines and these are being used to promote safe services. However, there are no processes in place to audit decontamination of reusable equipment at Maryann.</p>	<p>There are no processes in place to audit decontamination of reusable devices at Maryann.</p>	<p>Provide documentation in relation to processes in place to audit decontamination of reusable devices at Maryann.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.