

Age Care Central Limited - Maryann Rest Home and Hospital

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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: 19 March 2024 End date: 20 March 2024
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:	46

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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

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

General overview of the audit

Maryann Residential Care Home and Hospital (Maryann) situated in Stratford, Taranaki is owned and operated by Age Care Central Limited. The service, which is managed by a chief executive officer and a nurse manager, provides aged related residential care for up to 67 residents. The service is certified to provide rest home, hospital and dementia care services. Residents and families/whānau spoke positively about the service and care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Taranaki (Te Whatu Ora Taranaki). The audit process included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, family/whānau, the chair of the Age Care Central Limited board, managers, staff, and a contracted nurse practitioner.

Two areas requiring improvement have been identified related to the analysis of entry and decline data and care planning.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Maryann works collaboratively to support and encourage a Māori world view of health in service delivery. The facility provided an environment that supported residents' rights and culturally safe care. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana Motuhake.

Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld.

Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents were safe from abuse.

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

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The board of directors assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

The facility is managed by a chief executive who is supported by a financial manager, nurse manager and a clinical coordinator. The nurse manager is responsible for the oversight of the clinical service in the facility.

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

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

Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents enter Maryann Rest Home and Hospital a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive information. Files reviewed demonstrated that care met the needs of residents and family/whānau and was evaluated on a regular basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

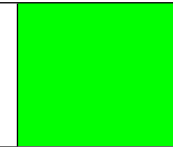
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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



Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan.

Electrical equipment has been tested as required. Calibration records were current.

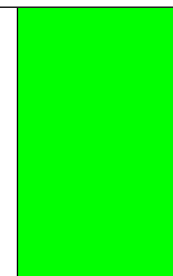
External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and family/whānau understood emergency and security arrangements.

Residents and family/whānau reported a timely staff response to call bells.

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

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



Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The environment supports prevention and transmission of infections. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the management team and policies and procedures.

There were no residents using restraints at the time of audit.

A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	25	0	1	1	0	0
Criteria	0	166	0	1	1	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 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>Maryann Rest Home and Hospital (Maryann) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. A Māori health plan is in place. The plan references the National Māori Health Strategy and Te Whatu Ora Taranaki Māori Health Strategy.</p> <p>Cultural policies have been developed with input from cultural advisers and include tikanga. The chairman, chief executive (CE), nurse manager (NM) reported, and documentation evidenced that links have been established with a local marae and with Te Whatu Ora Taranaki. A kaumatua blessed the new wing prior to opening.</p> <p>Maryann is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles.</p> <p>There were staff who identified as Māori on the day of the audit. The CE reported they would support residents and staff if required. There were residents who identified as Māori on the day of the audit.</p> <p>Residents and family/whānau interviewed reported that staff</p>

		<p>respected their right to mana Motuhake, and they felt culturally safe. Staff reported they include tikanga in their practice and are learning te reo Māori.</p> <p>The CE and CM reported, and documentation confirmed staff have attended cultural safety training. Staff reported they have attended Treaty of Waitangi /Te Tiriti o Waitangi and cultural safety training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Maryann works to ensure Pacific peoples' world views; cultural and spiritual beliefs are embraced. There are staff who identify as Pasifika who bring their own skills and expertise and would provide advice and support if required.</p> <p>Staff reported at interview that they were guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments at admission were completed by the registered nurse (RN) and the activities co-ordinator, to identify any shortfalls.</p> <p>The Pacific peoples' policy references the Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan and is available for reference.</p> <p>Maryann has a Pacific plan / cultural guidelines developed with input from Pasifika staff. It includes Pacific models of care and guides staff to deliver culturally safe services to Pasifika people. Additional support and advice would be accessed through community services.</p> <p>There were no residents who identified as Pasifika at the time of the audit.</p> <p>Maryann aims to work in partnership with Pacific communities and organisations to support culturally safe practices and wellbeing for Pacific peoples using the service.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Age Care Central Limited and Maryann Rest Home and Hospital management were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure residents' rights are respected. Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>The rights of Māori in relation to self-determination (Māori mana Motuhake) were recognised and understood by staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Maryann supported residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed they received services in a manner that has regard for their cultural identity, dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Rooms sighted are spacious and reflected the residents' individuality.</p> <p>Nurses and health care assistants have received training on the principles of Te Tiriti o Waitangi. Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility and key resident information such as the Code of Rights was displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents, including those with disabilities, and staff described ways they enable Māori residents to participate in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the Age Care Central Limited policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. There is a code of staff conduct in place and professional boundaries were maintained.</p> <p>The staff is multicultural and those interviewed understood the concept of institutional racism and stated they felt comfortable to question any racism they encountered.</p> <p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā and is based on the identified strengths of residents. Wellbeing outcomes for all residents, including Māori, are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau reported that communication was open and effective, and they felt listened to. Information was provided in easy to understand verbal and written formats. Changes to residents' health status were communicated to family/whānau in a timely manner. Where other agencies were involved in care, communication had occurred. The nurse practitioner interviewed stated communication from staff was appropriate, timely and included all relevant information.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Communication aids such as speech amplifiers had been made available to residents when required. Staff were learning sign language and knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	<p>FA</p>	<p>Residents and their family/whānau or legal representative were provided with the information necessary to make informed decisions. Residents and whānau interviewed felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent and described involving residents and family/whānau in the</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>process. Documentation of informed consent was present in all files reviewed. Separate consent was obtained for photography and outings; examples were seen in files reviewed.</p> <p>Tikanga best practice in relation to consent is followed when working with Māori residents and whānau.</p> <p>Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record. All residents in the Maryann secure dementia unit had a documented enduring power of attorney or welfare guardian on file that had been activated by an appropriate medical practitioner.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box were at reception. The Code was available in te reo Māori and English.</p> <p>Staff reported they knew what to do should they receive a complaint.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes. Verbal complaints, that can be solved easily and where the person does not want to make formal complaint, were logged in a register. Entries were observed to be addressed and closed. Complainants had been informed of findings following investigation.</p> <p>The NM is responsible for complaints management and follow-up with support from the CE.</p> <p>One complaint was received from the Health and Disability Commissioner in September 2023. It remains open. No complaints have been received from Te Whatu Ora Taranaki, or Manatū Hauora.</p>

		<p>The NM and CE reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date. Staff who identify as Māori would be available to support the resident and their family/whānau if needed.</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>Maryann is governed and led by an engaged and involved board of five directors who assume accountability for delivering a high-quality service through supporting meaningful representation of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from external Māori advisors.</p> <p>The CE reported and evidence was sighted that the governance group has completed training in Te Tiriti o Waitangi, health equity, and cultural competency.</p> <p>The chairman reported that they have been in the role for 16 years and have many years of management experience and have communication channels with other care facilities.</p> <p>The service is managed by a chief executive (CE) who has been in the position for four years, was previously in a senior role with the organisation, and has many years' experiences in aged care. Their position description was sighted.</p> <p>The CE confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency within the field through newsletters, employment lawyer, leadership training, Te Whatu Ora Taranaki and the nurse practitioner. Evidence of cultural training was sighted.</p> <p>The management of clinical services is the responsibility of the nurse manager (NM) who has 20 years nursing experience and has been in their role since January 2020. Their position description was sighted.</p> <p>The CE reported when they were absent, the financial manager (FM) fills the role. When the FM is absent the CE fills in. The FM has been in the role since 2020. When the NM is absent the clinical</p>

		<p>coordinator (CC) fills the role and vice versa. Support is provided by the board.</p> <p>The 2024 - 2025 business quality and risk management plan includes the vision, mission statement, philosophy, purpose, goals and objectives. The goals include taking action to prevent infections and to focus on restraint elimination. The review of the 2023 business plan was sighted.</p> <p>The clinical team, guided by the clinical governance policy and a nurse manager, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the clinical meetings were sighted.</p> <p>The board of directors, through the management team, demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, feedback mechanisms, and purchasing equipment.</p> <p>The chairman reported that the CE is an outstanding manager and provides adequate information to monitor performance. A sample of reports to the board of directors showed reporting is of a consistent format and includes adequate information to monitor performance.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback and communication with the resident and their family/whānau, and health care assistants' knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The CE reported that staff identify and work to address barriers to equitable service delivery through cultural and spiritual needs assessments, training, and advice from external cultural advisors.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring, and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, family/whānau meeting minutes evidenced</p>
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		<p>positive feedback.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Taranaki for age-related residential care (ARRC) for up to 67 residents. Forty-six residents were receiving services under the contracts on the day of the audit. Seventeen residents were receiving rest home level of care. Seventeen residents were receiving hospital level care including two YPD and one client on an ACC respite contract. Twelve residents were receiving dementia level care. No-one was receiving palliative care at the time of the audit. There were no residents under the long-term support-chronic health conditions contract. Eighteen beds are certified as dual-purpose beds.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, family/whānau and HCAs contribute to quality improvement through meetings and surveys.</p> <p>The last resident survey was completed recently, with residents satisfied with the service delivered. Evidence was sighted of corrective actions developed and implemented.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and resident meetings.</p> <p>The CE, FM and NM are responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to weekly senior leadership and risk management meetings there have been health and safety meetings, falls prevention meetings, registered nurse meetings and resident meetings. Meetings cover fire, incident reporting, infection control, nil restraint, medication errors, activities, risk, compliments and complaints. A sample of</p>

		<p>meeting minutes evidenced comprehensive reporting.</p> <p>Quality improvement initiatives include a falls prevention programme, the development of a respite information pack, and a goal to reduce polypharmacy.</p> <p>The organisation uses the policies and templates developed by an external contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2024 internal audit schedule guides the programme. Completed audits include registered and enrolled nurse training, building compliance, safety, hygiene and nutrition, environment and infection prevention, and a food survey. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>The CE described the processes for the identification, documentation, monitoring, review and reporting of risks and the development of mitigation strategies. Strengths, weaknesses, opportunities and threats are documented. Documented risks include staffing levels, power failure, privacy breaches, civil emergencies, fire, manual handling, health and safety risks, driver training and potential inequities. Staff reported at interview that they knew to report risks.</p> <p>Staff documented adverse and near miss events. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents were being disclosed with the designated next of kin. Whilst Maryann was following the principles of the National Adverse Events Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The NM understood and has complied with essential notification reporting requirements. Examples were discussed and sighted, including one section 31 notification relating to a pressure injury and one relating to a sudden death. Thirty-three section 31 notifications relating to staff shortages were reported between 2022</p>
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		<p>and 27 February 2023.</p> <p>There have not been any police investigations, coroner's inquests, or issues-based audits.</p> <p>Staff were supported to deliver high-quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they were learning te reo Māori and gave examples of tikanga.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example infections, incidents, near miss, and falls. The CC described the analysis. The 2023 documented narrative against the 2022 trends evidenced there had been a decrease in the number of incident reports and medication errors, and an increase of one wound. The NM and CE are investigating options to benchmark against other providers in the future.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The physical environments were considered. Residents and family/whānau and staff interviewed confirmed there were sufficient staff. Housekeeping and kitchen positions cover seven days a week. The laundry is contracted out to an external provider.</p> <p>There were staff who have worked in this care home for up to 25 years.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>The maintenance employee is on call afterhours for maintenance calls. The CE covers for the maintenance person if necessary. An</p>

	<p>RN is on call afterhours for backup for a new RN. The NM is available afterhours if necessary. Staff reported that good access to advice is available when needed.</p> <p>The NM described the recruitment policy and process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs), where required.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, the Code of Health and Disability Services Consumers' Rights (the Code), fire knowledge and evacuation, hoist, syringe driver, infection prevention, hand hygiene, manual handling, medication, and restraint-free competencies confirmed the training.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. The CM reported and documentation confirmed that staff hold level two, level three and level four New Zealand Qualification Authority (NZQA) education qualifications. Staff are encouraged to undertake the qualification.</p> <p>Five of the nine registered nurses are interRAI trained. The NM reported that one RN is booked to attend a course, and one RN is yet to be booked.</p> <p>Evidence was sighted that the six health care assistants working in the dementia unit have completed standard units 2390, 2391, 2392, and 2393.</p> <p>Training is provided either face-to-face or online and included abuse and neglect, dementia, continence, cultural safety, dysphagia, falls, fire safety, first aid, hand hygiene, health and safety, infection prevention, manual handling, medication, palliative care, observations, personal cares, restraint, professional boundaries, pressure injuries, supporting people with disabilities, restraint and de-escalation, Te Tiriti o Waitangi and enabling good lives.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are an opportunity for people to discuss and express opinions on aspects</p>
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		<p>of the service.</p> <p>The NM and staff reported that Maryann is building on its own knowledge through cultural training, PowerPoint presentations, communication with the resident and family/whānau and learning te reo Māori. For example, staff and managers reported the use of te reo Māori both in language and signage and email greetings.</p> <p>The NM reported that where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora Taranaki infection prevention staff, wound nurse, nurse practitioner, mental health team, and the portfolio manager.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, cultural events, BBQs, birthdays being acknowledged, and free access to counselling services.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of 10 staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were documented and were sighted in the files reviewed.</p> <p>The NM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practicing certificates were sighted for the nine registered nurses, one enrolled nurse, two pharmacists, dietitian, two general practitioners, physiotherapist, diversional therapist, nurse practitioner and the podiatrist. All were current.</p> <p>Staff orientation included all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New caregivers described their orientation and are buddied with an experienced staff member for up to three days or until the employee is confident. A sample of ten staff files confirmed orientation training had been completed, except for three longer serving staff as their records were not available.</p> <p>Orientation includes medication, civil defence, Code of Health and Disability Services Consumers' Rights (the Code), complaints,</p>

		<p>confidentiality and privacy, cultural safety, fire evacuation, chemicals, food handling, outbreaks, hand hygiene, health and safety, infection control, PPE, safe restraint, moving and handling, and personal cares. The CM described the orientation given to new employees and confirmed it had been completed prior to occupancy of the new wing.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files were kept locked and confidential. Ethnicity data was recorded and used in line with health information standards.</p> <p>Staff reported incident reports were discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Information is accessible for all those who need it. A contractor provides technical advice and support. Backup database systems are held in the cloud.</p> <p>No personal or private resident information was on public display during the audit. Information that is held electronically was password protected.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident/patient information was on public display during the audit.</p> <p>Maryann Rest Home and Hospital 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>PA Low</p>	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Residents and family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements.</p> <p>Where a prospective resident was declined entry, there are processes for communicating the decision. Enquiries were documented and data includes ethnicity. However, analysis of entry and decline rates, including for Māori, had not occurred; refer criterion 3.1.5.</p> <p>Maryann Rest Home and Hospital has developed partnerships with local Māori communities and organisations and supports Māori and their whānau when entering the service.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The registered nurses contracted allied health staff and nurse practitioner supporting Maryann work in partnership with the resident and family/whānau to support wellbeing. A care plan, based on a holistic model of care, is developed by the nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required. Early warning signs and risks with a focus on prevention or escalation for appropriate interventions are recorded.</p> <p>Assessment is based on a range of clinical assessments and includes resident and family/whānau input. Timeframes for the initial assessment, nurse practitioner assessment, initial care plan, interRAI assessment, long-term care plan and review timeframes met contractual and policy requirements. Long-term care planning detailed strategies required to maintain and promote independence, wellbeing, cultural and spiritual needs, and where appropriate, resident involvement in the community. Residents with behavioural needs, including those in the secure dementia unit, have interventions to meet their needs documented in the care</p>

		<p>plan. Residents and whānau confirmed active involvement in the process.</p> <p>Acute care plans are developed, if necessary, for short-term needs and examples were sighted for infections and wound care. However, these are not always reviewed and updated; refer criterion 3.2.5. Management of specific medical conditions was documented with evidence of systematic monitoring and evaluation of responses to planned care, including the use of a range of outcome measures. However, not all medical needs were added to the care plan when a resident's needs changed and where progress was different to that expected, changes to the care plan were not always made; refer criterion 3.2.5.</p> <p>Staff understood the need for residents and family/whānau, including Māori, to have input into their care and identify their own goals. Nursing and nurse practitioner review occurs regularly with resident and family/whānau input when possible. Residents and family/whānau were given choices and staff ensured they have access to information. The resident was involved at every step of the assessment, care planning and review process. Those interviewed confirmed active involvement, including Māori residents and residents with a disability. The facility had sufficient equipment to meet resident needs.</p> <p>This was verified by sampling residents'/patients' records, from interviews of clinical staff, people receiving services and whānau. The nurse practitioner interviewed reported the standard of care was good.</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</p>	<p>FA</p>	<p>The activities programme at Maryann has expanded and is now led by three trained diversional therapists and an activities assistant. The programme is further supported by a casual diversional therapist to ensure there are activities staff available seven days a week. Activities staff are available from 8.30am to 5pm weekdays and from 7.30am to 2pm at the weekends. During the evening and weekends, further activity support is provided by the care staff who have access to games and activities suitable for the residents, this</p>

<p>suitable for their age and stage and are satisfying to them.</p>		<p>includes activities for residents in the dementia unit.</p> <p>The programme is developed based on the interests of residents and supports them to maintain and develop their interests and involvement in the community. The programme reviewed was suitable for the age and stage of life of residents at Maryann. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities through outings and visiting entertainers. One-to-one activities are provided for those who do not wish to join a group activity. A variety of activities were observed during the audit.</p> <p>A life story is documented for all residents and together with an activity assessment identifies individual interests and considers the person's identity. A diversional therapy plan was created for each resident and there was a 24-hour plan in place for all residents in the secure dementia unit.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori was facilitated. Cultural and spiritual activities were included and opportunities for Māori and whānau to participate in te ao Māori were evident. The diversional therapist discussed using Māori words, karakia and waiata in activities. Community initiatives met the needs of Māori and included visits to the marae, flax weaving and visits from local kapa haka groups and kaumātua. One resident who expressed a desire to learn te reo Maori is being supported to increase their vocabulary of te reo Māori words.</p> <p>Feedback on the programme was provided through an annual survey. The recently completed survey was reviewed and confirmed satisfaction with the programme. Areas for improvement have been identified and actions to improve the programme further are being implemented. Those interviewed confirmed they find the programme meets their needs.</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>FA</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>were competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy.</p> <p>Medicines were stored safely, including those requiring refrigeration. Medicines were stored within the recommended temperature range and all medications were within current use-by dates.</p> <p>Controlled drugs were held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly nurse practitioner review was consistently recorded on the medicine chart. A quality initiative in partnership with the nurse practitioner was underway to reduce the incidence of polypharmacy.</p> <p>Self-administration of medication was facilitated and managed safely; the registered nurse stated this did not occur in the dementia unit.</p> <p>Standing orders were not used.</p> <p>Residents and their EPOA/whānau, were supported to understand their medications. The registered nurse discussed including the EPOA or whānau in decision-making.</p> <p>Partnerships with local Māori providers were facilitated by the nurse practitioner to support Māori residents who wish to access traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and</p>

<p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>An alternative menu of culturally appropriate food for Māori was available when requested. Cultural protocols around food were followed, including the laundering of kitchen and food-related items separately.</p> <p>Snacks are available 24 hours a day in the secure dementia unit.</p> <p>A survey of resident satisfaction with the food service has been completed and areas for improvement had been identified and acted upon. Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from Maryann is planned and managed safely with coordination between services and in collaboration with the resident and EPOA or whānau. Transfer and discharge planning includes open communication and handover of information between all services, including current support needs and any risks identified.</p> <p>Resident and EPOA/whānau interviewed reported being kept well informed during the transfer of their relative; they were given options to access other health and disability services and social or cultural supports. Documentation confirmed they were kept informed during transfers.</p> <p>The nurse practitioner interviewed confirmed the level of</p>

		communication with staff was good.
<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>	FA	<p>A current building warrant of fitness was publicly displayed. It expires on 3 May 2024. The Certificate of Public use for the new entrance area expired 17 March 2024. The Code of Compliance for the new wing, issued 31 January 2024, was sighted.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance schedule was sighted.</p> <p>Staff confirmed they knew the processes they should follow if any repair or maintenance is required, any requests are appropriately actioned and that they were happy with the environment.</p> <p>Equipment tagging and testing was current as confirmed in records, interviews with the CE and observation. Current calibration of biomedical records was sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids and wheelchairs.</p> <p>The CE reported that appropriate equipment such as wheelchairs, which are considered to be communal equipment, were available when needed. For example, outings to appointments. The facility is accessible to meet the mobility and equipment needs of people receiving services. Ceiling hoists have been installed in the hospital and support safe practice.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. The Treaty of Waitangi was displayed on the wall in one dining room. Signage was in te reo Māori. A Korowai cloak was framed and on display in the family/whānau room.</p> <p>Communal areas are available for residents to engage in activities.</p> <p>Four dining areas and five lounge areas are spacious and enable easy access for residents and staff. Residents can access areas</p>

		<p>such as the family/whānau room for privacy, if required. Furniture is appropriate to the setting and residents' needs.</p> <p>Five bedrooms have a full ensuite and all rooms have a wash hand basin. The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>Adequate space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed. HCAs reported that they respect the residents' spiritual and cultural requirements. Residents, family/whānau and staff reported the adequacy of bedrooms. All bedrooms provided single occupancy.</p> <p>Residents, family/whānau and staff were happy with the environment, including heating and ventilation and privacy. The facility is heated by a mixture of ducted ceiling and underfloor heating. Each area can be individually adjusted. Each area was warm and well-ventilated throughout the audit. Offices have wall panel heating.</p> <p>The CE reported and documentation confirmed that residents, family/whānau and a cultural advisor who identified as Māori would be consulted and involved in the design of any new buildings. The CE described the opening of the new wing and that a kaumatua blessed the building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the Fire and Emergency New Zealand (FENZ) on 18 December 2023.</p> <p>A trial evacuation takes place six-monthly with a copy sent to FENZ, the most recent being on 27 February 2024. The record was sighted.</p> <p>Fire extinguishers, call boxes, floor plans, sprinklers alarms, exit signs, and fire action notices were sighted.</p>

		<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan with contingency actions meets the needs of people with disabilities in an emergency. A register of residents needing assistance is kept in each nurses' station.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff were trained in emergency procedures. HCAs confirmed their awareness of the emergency procedures and attend regular fire drills.</p> <p>The CM reported that all RNs have a current first aid certificate. Current first aid certificates were sighted in the RN files.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including dry food, medical supplies, PPE, and a gas BBQ were sighted. Supplies were last being checked at the time of the audit. The CE reported that 2,100 litres of water was stored in tanks onsite for use in emergency. This meets the National Emergency Management Agency recommendations for the region. The CE reported that emergency lighting is available for two hours, and some equipment battery backup, and arrangements were in place to hire a generator if required.</p> <p>Appropriate security arrangements were in place. Doors and windows are locked at a predetermined time and staff check during the hours of darkness at night. Residents are informed of the emergency and security arrangements at entry. Residents were familiar with emergency and security arrangements. A call bell at the main door alerts staff to visitor's afterhours.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the</p>

<p>to manage my risk of infection and use antimicrobials appropriately. 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>service, have been approved by the governing body, link to the quality improvement system and were reviewed and reported to the governing body. The business plan includes a goal to reduce infection risk to residents and staff through education, knowledge and providing adequate infection control equipment.</p> <p>Meeting minutes evidenced that the topic of infection is included at health care assistants' meetings, senior leadership and risk management meetings, health and safety meetings, and RN meetings, and reported to the board at board meetings. The CE's report to the February board meeting included infection control data, and the NM's report also included the use of antibiotics and analysis of infections for the month of January.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora Taranaki, pharmacist, external infection advisors, public health unit, the attending GP and nurse practitioner.</p> <p>The Pandemic Plan has been tested through the outbreak of Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the infection prevention (IP) programme with reporting lines to the nurse manager.</p> <p>The IPCC is a registered nurse and has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, and policies. The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. The IP and antimicrobial stewardship (AMS) programme are linked to the quality improvement system and has been approved by governance and reporting to the board is in place.</p>

		<p>Policies included procedures related to the decontamination and disinfection of reusable devices and shared medical equipment; monitoring of compliance is included in the IPC audit schedule. Staff were aware which items were designated single use, and these are not reused.</p> <p>A pandemic infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>There have been no facility changes, and none are planned. The manager was aware of the need for IPC input should this occur, and the policy confirmed IPC advice would be sought.</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>An antimicrobial policy is in place which is appropriate to the size and scope of the service and has been approved by governance. Policy promotes responsible use of antimicrobials and has been developed using evidence-based guidelines.</p> <p>The quality and quantity of antimicrobial prescribing is monitored through the infection surveillance programme to identify areas for improvement. Monitoring has identified areas for improvement and a quality improvement initiative underway has reduced the prescribing of antimicrobials for recurrent infections; work on this initiative continues and a full evaluation is yet to occur.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control policy. Standardised definitions are used, and data collected</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>includes ethnicity. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme was shared with staff and reported to the nurse manager.</p> <p>Management of a recent Covid-19 outbreak was discussed and demonstrated a thorough process for care provision, documentation and follow-up. All required reporting of infections was completed.</p> <p>There were clear processes for communication between staff and residents and communication is culturally safe. Residents and EPOA/whānau interviewed were happy with the communication from staff in relation to health care-associated infections.</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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances including safe storage of chemicals and the use of personal protective equipment. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Documented policies are in place for the management of cleaning services. These describe the methods, frequency and materials to be used. Separate processes were sighted for spring cleaning and cleaning of isolation rooms. Cleaning processes were monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme.</p> <p>Residents/patients and whānau reported that the facility is kept clean and tidy. This was confirmed through observations.</p> <p>Laundry services are provided through a contracted service. This was well managed with appropriate separation of clean and dirty laundry and regular deliveries. The service was monitored for effectiveness and meets the needs of the facility.</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>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. This was documented in the restraint policy. The CE, NM, and CC confirmed commitment to this.</p> <p>The business plan included the goal to remain restraint-free but keep staff informed and educated appropriately.</p> <p>At the time of the audit no residents were using a restraint.</p> <p>The clinical coordinator (CC) is the restraint coordinator to provide support and oversight should any restraint be used. Their position description was sighted.</p> <p>The CC reported that a restraint would be used as a last resort when all alternatives have been explored, for example sensor mats and low beds. The CC described the process of approval, consent and monitoring should any restraint be used.</p> <p>There were processes in place to report aggregated restraint data including data analysis supporting the implementation of an agreed strategy should any restraint be used. Meeting minutes evidenced the reporting of nil restraint.</p> <p>The NM is involved in the purchase of equipment should it be needed.</p> <p>Policies and procedures meet the requirements of the standard.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, least restrictive practice, de-escalation techniques, restraint-free and management of challenging behaviours. Staff confirmed they have received training.</p> <p>Given there has been no restraint used for over three years, subsections 6.2 and 6.3 have not been audited.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p>	PA Low	<p>Enquiries were documented and there are clear processes for determining entry or declining entry to the facility. However, no analysis of entry and decline data had occurred and no information on entry and decline rates for Māori was available.</p>	<p>No analysis of entry and decline rates had occurred and no specific entry and decline data for Māori was available.</p>	<p>Ensure there is routine analysis of entry and decline rates, including specific data for entry and decline rates for Māori.</p> <p>180 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p>	PA Moderate	<p>InterRAI is used as the main assessment to evaluate care. This is supported by regular nurse practitioner reviews and daily nursing reviews of progress which are recorded in the resident’s file. However, acute care plans were not always evaluated in a timely manner and were not always resolved when the acute need was no longer relevant. Short-term needs that</p>	<p>Not all care planning reflected the current needs of the residents. Care planning was not always updated when a resident’s needs changed. Acute care plans were not always evaluated and closed when the acute need was resolved. Continuing needs were not always transferred to the long-term care plan.</p>	<p>Ensure all care planning reflects the current needs of the resident. That all care plans are reviewed and updated when a resident’s needs change and include all medical or nurse practitioner instructions for care.</p> <p>Ensure all acute care plans</p>

<p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>continued were not always transferred to the long-term care plan and when changes to a resident's condition were identified the care plan was not always updated to reflect the changed needs. This included:</p> <ul style="list-style-type: none"> • A resident whose care plan was not updated to reflect changes in a medical condition and to include the nurse practitioner's instructions for care on return from hospital. • The care plan for a resident with increased falls events whose condition was changing was not reviewed and updated in a timely manner. • A resident whose acute care plans remained in place from 2020 and 2021; these had not been reviewed and evaluated regularly and the needs, which continued, had not been included in long-term care planning. • A resident whose acute care plan for an infection requiring isolation of the resident remained in place one month after the infection resolved. 		<p>are evaluated in a timely manner and are closed when the acute need is resolved or transferred to the long-term care plan if the needs continue.</p> <p>90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.