

# Maygrove Rest Home Limited - Maygrove Lifecare

## 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:

<b>Legal entity:</b>	Maygrove Rest Home Limited
<b>Premises audited:</b>	Maygrove Lifecare
<b>Services audited:</b>	Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 09 July 2024    End date: 10 July 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	42

# 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

Maygrove Lifecare Limited (Maygrove) provides rest home services for up to 43 residents. The care home manager is supported by a newly appointed clinical nurse lead.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Health New Zealand Te Whatu Ora Waitematā. The certification audit process included review of resident and staff records, observations and interviews with residents, family members, the manager, staff and a general practitioner.

Improvements are required to support residents in their aspirations and recognising mana motuhake, cultural training, Pacific peoples, code of rights, review of advance care plans, internal audits and findings, entry and decline processes, care planning and cultural assessments, family input into care planning, medication management, and infection prevention and control.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Maygrove is endeavouring to work collaboratively with a local Marae to be able to support and encourage a Māori world view of health in service delivery.

Work has commenced to develop processes for Pacific peoples and how their world views are to be upheld.

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

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

Complaints are 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.		Some subsections applicable to this service partially attained and of low risk.
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The governing body, New Zealand Aged Care Service Limited, assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and objectives for the organisation are defined.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provided feedback, and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies any trends and leads to improvements. Any actual and/or potential risks are identified and mitigated.

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

Staffing level and skill mix now meet the cultural and clinical needs of residents with the recent appointment of a clinical nurse lead. Orientation is currently being provided using best practices. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Resident and staff information is accurately recorded, securely stored and is not accessible to unauthorised people.

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

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised and accommodated any new issues that arose. Files reviewed demonstrated that care met the needs of residents/patients and whanau; however, some areas of improvement were identified on the day of audit.

Residents are supported to maintain and develop their interests and participate in meaningful social activities suitable to their ages and stages of life.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. There are policies and procedures that describe medication management that align with accepted guidelines.

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 haumarū | Person-centred and safe environment

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

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

## 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.

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

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.

Staff demonstrated good principles and practice around infection control. Staff were familiar with the pandemic/infectious diseases response plan. The remote nurse is responsible for managing outbreak or infection control issues and is available for advice when needed.

The service encourages responsible antimicrobial prescribing.

The environment supports both preventing infections and mitigating their transmission, with good hand hygiene practices in place. Waste and hazardous substances were managed well. 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 governing body and policies and procedures. There were no residents using restraints at the time of the audit. A comprehensive approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, 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	15	0	11	1	0	0
Criteria	0	146	0	21	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>	PA Low	<p>Maygrove Lifecare has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. The facility has recently connected with iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed and is used for residents who identify as Māori.</p> <p>There were staff who identify as Māori on the day of the audit. Strategies to actively recruit and retain a Māori health workforce across roles were discussed. Staff ethnicity data is documented on recruitment and is trended.</p> <p>Residents and whānau interviewed reported that staff respected their individual rights; however, one Māori resident mentioned that their cultural needs were not being adequately addressed. Care staff interviewed verified they have not received the required cultural training.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	PA Low	<p>The service has commenced seeking some partnerships and links in the local community. There are no policies, procedures or Pacific</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>model of care that has been developed and implemented. This is an area requiring improvement. There were no residents in the home on the day of the audit who identified as Pasifika. There were some staff who identified as Pasifika. Active recruitment, training and actions to retain a Pacific workforce are supported by governance and the care home manager interviewed.</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>	PA Low	<p>During the audit, staff demonstrated an understanding of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents according to their preferences. Services were provided in compliance with the Code, although some documentation was incomplete.</p> <p>On the day of the audit, five residents reported that they were not informed about the Code or the Nationwide Health and Disability Advocacy Service (Advocacy Service). Further investigations during the tracer audit, including interviews with relatives, confirmed these findings. Residents and their whānau are given opportunities to discuss and address concerns about care during resident meetings. However, there was no evidence indicating that residents, including Māori residents, recognised, or acknowledged Māori mana motuhake.</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>	FA	<p>The service supports residents in an inclusive manner, respecting their identity and experiences. Residents and whānau, including those with disabilities, confirmed that they receive services that meet their dignity, gender, privacy, sexual orientation, spirituality, and personal choices.</p> <p>During the audit, staff were observed maintaining residents' privacy consistently. All residents are provided with private rooms.</p> <p>Management and the Clinical Nurse Lead have completed training in Te Tiriti o Waitangi and understand its principles, applying them</p>

		<p>in their daily work. However, this training needs to be extended to include care and nursing staff (see 1.1.2).</p> <p>Whānau visiting a Māori resident indicated that the resident was able to participate in te ao Māori (the Māori world) and have their cultural needs met by whanau.</p> <p>Te reo Māori and tikanga Māori are not routinely promoted by staff throughout the organisation and incorporated through activities and care plans (see 1.1.1).</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property is respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable to raise any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff 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>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>PA Low</p>	<p>Policies and procedures reflect informed consent and respecting resident wishes.</p> <p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record. Consent forms for care, including advance directives, are not being reviewed every six months when the care plans are reviewed.</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. The process meets the requirements of the Code. Residents and family understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. The service assures the process works equitably for Māori by ensuring the complaints process is available in te reo Māori. An interpreter can be arranged if necessary.</p> <p>Three complaints, including one Health and Disability Commissioner (HDC) complaint, had been received over the last 12 months. The complaint received from the HDC office was received on 18 December 2023 and was effectively addressed and closed out on 15 January 2024. All information was reviewed in the complaints register. The care home manager (CHM), the general manager clinical and quality and the general manager operations (GMO) are responsible for management and follow-up of any HDC</p>

		complaints.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representatives on governance groups where possible. A Māori advisor is available for advice and consultation as required. The governance group has completed training in Te Tiriti of Waitangi, health equity, and cultural safety. The GM Clinical and Quality was interviewed for this audit.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. The care home manager (CHM) has been in this role for two years. The clinical nurse lead, an experienced registered nurse with aged residential care experience has been in the role for one day. The previous onsite Registered Nurse lead commenced on 15 January 2023 and resigned effective 5 July 2024. A remote registered nurse has been assisting the CHM until this position was able to be filled.</p> <p>New Zealand Aged Care Service Limited has a strategic plan/business plan 2021-2025 which outlines the purpose, values, direction, scope and goals of the organisation. Monitoring and reviewing of performance occurs through regular reporting at planned intervals. The business plan was reviewed annually and was reviewed January 2024. A focus on identifying any barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed. A commitment to the quality and risk management system was evident. The CHM interviewed, and the GM Clinical and Quality interviewed by telephone, felt well informed on progress and risks. This was confirmed in a sample of reports provided by the CHM who reports to the GM Clinical and Quality who in turn reports to the Board.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance</p>

		<p>group, with external advice sought as required.</p> <p>Resident/family and staff surveys are completed annually, and are next due in October 2024. Any corrective actions are actioned appropriately, and feedback provided to staff of any quality improvements.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora Waitematā (Te Whatu Ora Waitematā) for age-related residential care rest home level care, age-related residential care respite and disability support services (Whaikaha – Ministry of Disabled People), and long-term support - chronic health conditions (LTS-CHC). On the day of the audit, 42 beds of 43 were occupied. One resident was receiving respite care, 41 rest home level care, and there were no residents under 65 years of age under the Ministry of Disabled People agreement or the LTS-CHC contract.</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>	PA Low	<p>The organisation has a planned quality and risk system that reflects the principles of quality improvement. This includes the management of incidents and complaints, audit activities, a regular resident survey, monitoring of outcomes, policies and procedures, and clinical incidents including infections. The results of internal audits are not always consistent with audit findings, for example, resident care plans and activities progress records are not documented, or reviews updated in the resident records reviewed at audit however the audit result was 100%. This was noted as an area of improvement.</p> <p>The resident satisfaction survey was last completed in November 2023 and a staff satisfaction survey was completed in October 2023. Results were analysed and reported at the staff and quality meeting. Residents and family were happy with the care provided by the care staff. Family stated that it was difficult at times to be able to speak to the registered nurse, as the nurse was working remotely. The CHM has worked effectively to ensure any inequities are addressed. Training on tikanga was sighted, although no other cultural competencies had been completed by staff.</p> <p>The CHM discussed some community projects which are underway</p>

		<p>involving the local college, with the aim of residents building up relationships with students and involving the students with the activities programme.</p> <p>Relevant corrective actions are developed and implemented on some occasions to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The CHM described the processes for identification, documentation, monitoring, review and reporting of any risks, including health and safety risks, and development of any mitigation strategies.</p> <p>Staff interviewed knew to document any near miss events in line with the National Adverse Events Reporting Policy. 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. The CHM understood about essential notification reporting. The CHM is responsible for reporting to head office, and if a Section 31 notification is required it is completed at clinical governance level. There have been no Section 31 notifications since the last audit. However, one notification was completed on the day of the audit and sent to HealthCERT. This was for the newly appointed clinical nurse lead who commenced the role one day earlier.</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>	FA	<p>There is a documented 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). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate care staff to complete the work allocated to them. The previous clinical nurse manager (the new title is clinical nurse lead) commenced on 15 January 2023 and resigned effective 5 July 2024. A remote registered nurse has been assisting the CHM until this position was able to be filled. and the staff found that the remote nurse providing RN cover was not always available (refer to 3.2). Family interviewed supported this comment. At least one staff member on duty has a</p>

		<p>current first aid certificate.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of the residents.</p> <p>Continuing education is planned annually, including mandatory training requirements. Wound care and medication competencies have been completed by all staff who administer medicines. Staff in the kitchen have completed relative food safety training. Chemical safety training has also been completed by the kitchen, cleaning and laundry staff, and the dates were recorded in the staff personal records reviewed. Staff reported feeling well supported by the CHM and the RN when present, and safe in the workplace.</p> <p>There are health care assistants (HCAs) employed at this service who have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitematā. There is a total of 18 HCAs, of whom four have completed Level 3 and 10 have completed Level 4 of the NZQA education programme. Four HCAs are yet to enrol in the programme. The activities coordinator is currently completing Level 4 diversional therapy and has completed health and safety training.</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>	PA Low	<p>Human resources management policies and procedures are based on good employment practice and meets all relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Annual practising certificates (APCs) for all health professionals were verified and recorded annually.</p> <p>Staff reported the orientation programme prepared them well for the role, and evidence of this was seen in records reviewed. Opportunities to discuss and review performance occurs three months following the employment date, and this was recorded. The annual performance reviews were not being completed in a timely</p>



		<p>manner, as evidenced in the staff records reviewed. This is an area identified for improvement.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>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.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>It is not the service provider's responsibility to obtain the national health index number for residents.</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>	PA Low	<p>Residents at Maygrove are admitted once their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. The files reviewed met contractual requirements. Residents enter the service based on documented entry criteria accessible to the community and understood by staff. While the entry process is overseen by an off-site RN, it does not fully meet resident needs.</p> <p>When a prospective resident is declined entry, there are currently no established processes for communicating this decision. Data related to decline rates for Māori residents is documented, but not actively monitored.</p> <p>The service is in the process of establishing partnerships with Māori communities and organisations to better support Māori and their whānau during the admission process.</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 Low</p>	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which 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. Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual/policy requirements. For residents who identified as Māori there was a lack of understanding of Māori and whānau support systems to enable the residents to identify their own pae ora outcomes and have these documented in their care plan (links to 3.3.7). This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services, and whānau.</p> <p>Management of specific medical conditions was documented, with systematic monitoring and regular evaluations to planned care. Although changes to care plans were documented during the six-month reviews, there were no recorded updates reflecting changes in client health between these periods.</p> <p>Additionally, there was no evidence of resident and whānau involvement in the care planning process.</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 activities programme is designed by the Diversional therapist to support residents in maintaining and developing their interests, and it is tailored to suit their ages and stages of life. Activity assessments and plans are created to identify each resident's individual interests and consider their personal identity. Both individual and group activities are aligned with residents' goals and interests, reflecting their ordinary patterns of life and incorporating typical community activities. Feedback on the programme is gathered through the quality system, and those interviewed</p>

		confirmed that the programme meets their needs effectively. One Māori resident acknowledged the ability to participate in Te ao Māori through Whanau involvement and this is supported by staff.
<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>	PA Moderate	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs; however, medications sighted were not within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Medications are stored in cupboards, medication trolleys, and a medication fridge; there was documented evidence of daily fridge temperature checks. Some medications were left out on the medication room counter without identification labels, and some opened prescribed medications sighted were not within current use-by dates.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The food service is in line with recognised nutritional guidelines for

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>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 guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>A walkthrough of the kitchen was conducted on the day of the audit. Food delivery was managed by external providers. There was no evidence of consistent daily fridge temperature checks being performed.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</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>	FA	<p>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate.</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>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. The Building Warrant of Fitness is current, with an expiry date of 10 June 2025. Testing and tagging of electrical equipment was completed on 7 June 2024.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and family were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and cultural practices.</p> <p>The CHM reported that should any new design or building be required consultation would be sought from a cultural advisor or family/whānau as needed.</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>	FA	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Staff are able to provide a level of first aid relevant to the risks for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family reported staff respond promptly to call bells.</p> <p>There are adequate supplies for use in the event of a civil defence</p>

		<p>emergency or a pandemic, including food, medical supplies, blankets, linen, torches and batteries, personal protective equipment (PPE), gas barbecue for cooking purposes, and gas cylinders are readily available. The civil defence storage is appropriate and accessible. The maintenance person checks the supplies regularly. A water tank is available and meets the National Emergency Management Agency recommendations for the region. Refillable water bottles were sighted along with other disposable supplies. There is currently no generator on-site however, a plan is in place to obtain a portable generator from another of the organisation's facilities if needed.</p> <p>Appropriate security arrangements are in place for the after-hours. Residents and family were familiarised with emergency requirements eg for fire on admission and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service; Approval by the governing body is being developed. (see 5.2.2). The IP programme is linked to the quality improvement system and is reviewed and reported on monthly. Expertise and advice are sought from the remote RN when needed. Issues and significant events are reported to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	PA Low	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management or the governance group. A new clinical lead has recently commenced this role. The IPCC has appropriate skills, knowledge, and qualifications for the role, and confirmed access to the necessary resources and support. 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.</p>

scope of our services.		<p>Staff were familiar with policies through orientation; however, areas of improvement were identified with the ongoing education of staff. Residents and their whānau are not currently educated about infection prevention in a manner that meets their needs. The organisation is working towards educational resources being available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. The remote RN currently oversees pandemic and outbreak management. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices. Single-use medical devices are not reused.</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>	PA Low	<p>The responsible use of antimicrobials is actively promoted. An infection prevention program, appropriate for the size and complexity of the service, is in place and supported by comprehensive policies and procedures. However, an effective antimicrobial stewardship (AMS) program has yet to be developed and approved by the governing body. Clinical staff advocate for the safe use of antimicrobials within the facility by adhering to safe prescribing practices and conducting microbiology testing.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity</p>	PA Low	<p>The infection prevention program promotes the surveillance of health care-associated infections (HAIs) and is appropriately tailored to the type of service provided. It was noted that the regular registered nurse had recently resigned, and the new clinical lead is actively working on enhancing the surveillance program. However, there was no evidence of regular infection surveillance on the day of the audit.</p> <p>Historically infection prevention monthly surveillance data has been collected and analysed to identify trends, potential causative</p>

focus.		<p>factors, and necessary actions. No surveillance resident ethnicity data was collated in the records reviewed.</p> <p>A summary report for a recent infection outbreak was reviewed, demonstrating a thorough process for investigation and follow-up. The roaming nurse is responsible for outbreak management and liaises remotely with staff, providing basic infection control advice. The policy and practice reviewed is that any HAI infections are reported back to staff at shift handover, so that precautions and management of the resident can be arranged as applicable. The HCAs interviewed clearly understood this process.</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>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations on the day of audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by clinical governance. At the time of the audit no restraint was in use, and this has been the case for the last three years. Any use of restraint would be reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. HCAs confirmed they have received training.</p>



		<p>The CHM and the clinical staff are involved in the purchase of equipment should this be needed.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability. Family would be involved in decision-making. A restraint register is maintained.</p> <p>Given that there has been no restraint used for over three years, subsections 6.2 and 6.3 have not been audited.</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 1.1.1</p> <p>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).</p>	PA Low	The service has policies and procedures to guide staff on how to respect Māori in their goals and aspirations. The principles of Te Tiriti o Waitangi are also documented. During the interview, a Māori resident voiced concerns that their cultural needs were not being met, and they felt unsupported in pursuing their aspirations. There was no cultural care plan in place, nor was there any documentation outlining goals and interventions specific to the cultural needs of Māori residents.	There is no evidence that the organisation is supporting Māori residents in their cultural aspirations or recognizing their mana motuhake (self-determination and autonomy).	<p>Cultural care plans will be developed for all Māori residents in collaboration with the residents and their whānau. These plans will guide staff in addressing the residents' cultural care needs. Additionally, staff will receive education on incorporating Te Whare Tapa Whā into care planning, ensuring a holistic approach that respects and integrates physical, mental, spiritual, and family health aspects.</p> <p>180 days</p>
<p>Criterion 1.1.2</p> <p>My service provider shall ensure my services are operating in ways</p>	PA Low	The care home manager has completed training on equity and Māori care for managers through	No culturally safe training has been provided for care staff to ensure culturally	To ensure cultural training is provided to all staff to meet the needs of residents who identify as

that are culturally safe.		online learning. No cultural training has been provided for care staff, nor has Te Whare Tapa Whā model of care been included for Māori residents. A Māori resident interviewed felt their cultural needs were not being effectively met.	safe care is provided for residents who identify as Māori.	Māori.  180 days
<p>Criterion 1.2.1</p> <p>My service provider shall ensure cultural safety for Pacific peoples and that their worldviews, cultural, and spiritual beliefs are embraced.</p>	PA Low	<p>There were some staff who identified as Pasifika on the day of the audit, but no residents who did so. Despite the service provider focusing on achieving equity and efficient health services for Pacific peoples, this is not currently being underpinned by Pacific worldviews. Consultation has recently commenced to develop strategies in collaboration with Pacific peoples to ensure improved health outcomes. Currently there are no policies or procedures developed to meet the needs of Pacific people to guide staff. No Pacific plan or model of care as yet, has been developed or implemented linked to (1.2.3).</p>	<p>Work has commenced to develop processes for Pacific peoples and their world views. Currently there are no policies or processes for staff to follow.</p>	<p>To ensure a cultural plan and model of care for Pasifika people is developed and implemented.</p> <p>180 days</p>
<p>Criterion 1.3.3</p> <p>My service providers shall provide opportunities for discussion and clarification about my rights.</p>	PA Low	<p>During the audit, evidence showed that the Code was displayed in both Māori and English in communal areas and on the facility walls. Brochures were also available in the</p>	<p>Five residents interviewed reported that they had not been informed about their health and disability consumer rights.</p>	<p>Education and awareness on the Code for all residents within the facility. This includes providing comprehensive information and ensuring that all residents fully understand their rights and the</p>

		reception area. One family member interviewed stated they were aware of the Code. Additionally, there was evidence that staff received annual training on the Code. However, five residents interviewed on the day of the audit reported that they had not been informed about the Code. Other sampling during the tracer indicated a Māori resident and whanau were also unaware of the code.		services available to them under the Code. Regular training sessions, informative materials, and one-on-one discussions should be implemented to enhance resident knowledge and awareness.  180 days
<p>Criterion 1.3.4</p> <p>My service provider shall facilitate support for me in accordance with my wishes, including independent advocacy.</p>	PA Low	On the day of the audit, brochures and pamphlets providing information about the Code of Health and Disability Services Consumers' Rights (the Code) were available. However, it was noted that there had been no recent education sessions for staff or residents regarding advocacy services. While staff demonstrated an understanding of the Code, a gap in knowledge was identified among the residents and their families/ Whanau. Six residents and one family member interviewed were unfamiliar with advocacy services and their purpose.	There is a significant need for ongoing education and awareness to ensure staff residents and whanau are well-informed about the available advocacy support services.	Regular education sessions for staff, residents, and whānau are needed to increase awareness and understanding of the available advocacy support services.  180 days
<p>Criterion 1.7.5</p> <p>I shall give informed consent in</p>	PA Low	Residents interviewed confirmed that staff consistently sought	Consent forms for care, including advance	All resident consent forms and advance directives require

accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.		consent before interventions and procedures. During the audit, staff were observed actively requesting residents' preferences and permissions. Seven consent forms were reviewed in resident files, all signed by both the resident and their GP. However, there was no indication of regular reviews for either consent or advanced directives.	directives, are not undergoing the required biannual or annual reviews.	thorough reviews and updates in accordance with organisational policies and guidelines. Additionally, all advance directives must be reviewed by a GP in consultation with the resident and their family/whānau.  180 days
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	The internal audit schedule was reviewed, and individual audits followed through. The results do not always align with the findings when randomly looking at individual resident records and the residents' activities plans. Resident care plans and activities plans had not been fully completed or updated when changes occurred.	Results of internal audits are not consistent with audit findings, for example, resident care plans and activities progress records are not documented, or reviews updated, in records reviewed but audit results show that all information is documented.	<p>To ensure the internal audits completed are consistent with the findings of each individual audit completed and that action is taken accordingly in a timely manner.</p> <p>180 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	Staff are provided the opportunity to discuss and review their individual performance and to discuss educational needs at three-months after the beginning of employment and annually thereafter. The three-monthly reviews are completed by the CHM or the clinical nurse manager; however, the annual reviews had not been completed	The annual staff appraisals are not currently up to date. Six of seven staff annual performance appraisals had not been completed in the staff records reviewed.	<p>To ensure each staff member has an annual performance review completed in a timely manner, and that the review is recorded in the individual staff record.</p> <p>180 days</p>

		in six of the seven records randomly selected for review.		
<p>Criterion 3.1.4</p> <p>There shall be clear processes for communicating the decisions for declining entry to a service.</p>	PA Low	During the audit, an entry and admission document was observed which lacked ethnicity data and reasons for admission or decline. Staff interviewed during the audit did not demonstrate understanding of the requirements for documenting entry and decline decisions for the service.	There is no clear process for communicating entry and decline for service.	<p>A working document is required to provide evidence of both entry and decline decisions. Staff education is necessary to ensure they understand the importance of measuring these rates effectively.</p> <p>180 days</p>
<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	On the day of audit, an entry and admission document were observed. This included name and admission date but did not show the entry and decline rates for Māori residents. Staff interviewed demonstrated a lack of understanding regarding their responsibilities in measuring and reporting ethnicity data.	Entry documentation did not evidence ethnicity data or demonstrate entry and decline rates for Māori. Administration and management did not understand the reporting requirements.	<p>A working document is to be established to document the entry and decline rates of all residents, including ethnicity data for Māori residents. This data is to be reported during quality meetings to monitor entry and decline rates specifically for Māori residents. Staff education is required to ensure the importance of measuring these rates effectively is understood.</p> <p>180 days</p>
<p>Criterion 3.2.2</p> <p>Care or support plans shall be developed within service providers' model of care.</p>	PA Low	On the day of the audit, a total of six care plans were reviewed (including two tracer residents). Some care plans had not been signed or dated by a registered nurse. The clinical nurse lead was	Five of the six audited care plans were not signed or dated by a registered nurse.	<p>All care plans must be signed and dated by a registered nurse upon completion.</p> <p>180 days</p>

		currently completing the long-term care plans offsite in collaboration with the care team. Resident care plan goals, interventions and evaluations were personalised, relevant, and well-written but were not regularly updated with changing care needs. The clinical nurse communicated with staff by phone call or Zoom sessions. Residents commented on the excellent care they received.		
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and</p>	PA Low	<p>Seven care plans were audited. There was evidence of personalised goals, interventions and evaluations. Care plans were completed within the correct time frames. On the day of the audit, a Māori resident was interviewed. The resident expressed their cultural needs and preferences, including the desire to speak in te reo and for staff to engage with their cultural needs. There was evidence of some cultural training within the facility; however, the concepts of Te Whare Tapa Whā were not understood by staff. Two Māori care plans did not include the incorporation of cultural needs, Te Whare Tapa Whā, holistic care, traditional healing practitioners, rākau rongoā, mirimiri, or karakia.</p>	<p>Cultural assessments were inadequately documented, resulting in a lack of support for personal choices. Care plans did not incorporate elements such as rākau rongoā, mirimiri, or karakia.</p>	<p>All Māori care plans are to be reviewed to incorporate residents' personal wishes, including culturally relevant goals, interventions, and evaluations.</p> <p>180 days</p>

<p>aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk</p>	PA Low	<p>Seven care plans were audited, revealing evidence of personalised goals, interventions, and evaluations. These care plans were completed within the correct time frames. The contracted RN completed the long-term care plans currently in place. Two residents interviewed did not understand the care planning process, and there was no evidence of family or resident input into the care planning.</p>	<p>There is no evidence of involvement from family or residents in the care planning process.</p>	<p>All care plans must be completed in collaboration with residents and whānau to ensure personalised and culturally safe care.</p> <p>180 days</p>



assessments are an ongoing process and that any changes are documented.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	<p>Six care plans were reviewed on the day of the audit. Reviews were conducted at defined intervals; however, there was no evidence of collaboration with residents and their whānau. Regular evaluations against residents' goals and interventions were undertaken, and the care plans were person-centred, documenting individual preferences. Although changes to the care plans were documented during the six-month reviews, there were no updates within the six-month assessment period, nor were there any documented changes in client health.</p>	<p>There is no evidence of family or resident input into care planning, nor any evidence of updates to care plans in response to changes in health needs.</p>	<p>All care plans require updating to incorporate resident and whānau input, as well as any changes in health needs.</p> <p>180 days</p>
Criterion 3.2.7	PA Low	Residents who identified as Māori were interviewed and individual	Residents interviewed identified as Māori felt there	To ensure that staff receive further education to be able to support

Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.		care plans were reviewed. The process in place to support Māori residents and their whānau to identify their own pae ora outcomes and to have these incorporated into their care plan was not understood by staff interviewed.	was a lack of understanding of Māori and whānau support systems to enable Māori residents to identify their own pae ora outcomes and to have these documented in their individual care plan.	Māori residents and their whānau to identify their own pae ora outcomes and to have these included in the care planning process.  180 days
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Moderate	Controlled medications were securely locked away, and the controlled drug book was completed accurately. Evidence showed that weekly and monthly checks, with double-checking for all controlled drugs, were conducted. Medications are stored in cupboards, medication trolleys, and a medication fridge; there was documented evidence of daily fridge temperature checks. Some medications were left out on the medication room counter without identification labels, and some opened prescribed medications sighted were not within current use-by dates.	Prescribed eye drops and inhalers were not dated when in use, and expired medicines are not stored appropriately to return to pharmacy.	<p>All medications not in use requires storing properly or returned to the pharmacy. All opened eye drops, creams, and inhalers should have clearly marked opening and expiry dates.</p> <p>90 days</p>
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance</p>	PA Low	On the day of the audit, the infection prevention program was reviewed in discussions with the roaming RN responsible for pandemic and outbreak management. The RN previously in charge of IPC had recently	There was no evidence of an annual infection prevention review, nor was there an active antimicrobial stewardship program authorized by the governing body.	An AMS program must be implemented and approved by the governing body, with the IPC and AMS programs subject to an annual review.

body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually.		resigned, and a new clinical lead had just assumed the role. The IPC programme was available on the computerised system; however, this had no antimicrobial programme, and the IPC programme had not been approved by the governing body.		180 days
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals; (b) Relevant to the service being provided.</p>	PA Low	On the day of the audit, the IPC programme was reviewed, and interviews were conducted with staff and visitors. Evidence of good handwashing technique was observed; however, the RN previously responsible for IPC education had recently resigned. Education spreadsheets and HR files were audited, and interviews were held with the roaming RN overseeing pandemic management. No recent Infection prevention and AMS practices was evident (2.3.1).	There was no evidence of infection prevention and AMS education for staff, residents, or whānau.	<p>Service providers shall provide educational resources that are available in te reo Māori and are accessible and understandable for Māori accessing services.</p> <p>180 days</p>
<p>Criterion 5.3.1</p> <p>Service providers shall have a documented AMS programme that sets out to optimise antimicrobial use and minimising harm. This shall be:</p> <p>(a) Appropriate for the size, scope, and complexity of the service; (b) Approved by the governance body;</p>	PA Low	The staff interviewed understood how to advocate for the safe prescribing of antimicrobial medicines however the antimicrobial stewardship programme has not been developed and implemented for this facility to meet the requirements of the standard. Advise is able to be obtained	There is no antimicrobial stewardship (AMS) programme that sets out to optimise antimicrobial use and minimising harm, that has been developed, implemented and approved by governance for this rest home.	<p>To ensure an antimicrobial stewardship programme appropriate for the size and nature of this rest home be developed, implemented and approved by governance.</p> <p>180 days</p>

(c) Developed using evidence-based antimicrobial prescribing guidance and expertise (which includes restrictions and approval processes where necessary and access to laboratory diagnostic testing reports).		through the Te Whatu Ora - Waitematā infection prevention team, the general practitioner and the contracted laboratory service microbiologist if needed.		
<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	PA Low	<p>The AMS program including surveillance is yet to be developed and approved by the governing body (refer to 5.3.1). On the day of the audit, both the new clinical lead and the facility GP explained the protocols for the safe use of antimicrobials. Regular microbiology testing of urine and wound swabs is conducted prior to the administration of antibiotics. However, there was no evidence of AMS surveillance practices.</p>	<p>The AMS programme is not monitored for prescribing, dispensing and administration, and there is no evidence of AMS surveillance (refer to 5.4).</p>	<p>An AMS program requires approval from the governing body, with effective AMS surveillance practices implemented at regular intervals to ensure the safe use of antibiotics in elderly patients.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Surveillance documentation was reviewed. Surveillance methods, tools and surveillance definitions were used appropriately in the infection prevention records reviewed. However, no resident ethnicities were recorded in the surveillance documentation reviewed.</p>	<p>The RN used standardised definitions for the surveillance of infections monitored in the documentation reviewed, However, no resident ethnicity data was collated and recorded accurately as required when the surveillance was undertaken.</p>	<p>To ensure at the time of surveillance of resident's infections, that the resident's ethnicity is recorded.</p> <p>180 days</p>

<p>Criterion 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	<p>PA Low</p>	<p>On the day of the audit, historical surveillance reports and an infection register were reviewed. However, since the resignation of the former RN, no infections had been reported for three months. Additionally, historical reports lacked ethnicity data and did not include infection reporting to the governing body. During quality meetings an infection control section was presented, which included basic staff education but did not contain surveillance data.</p>	<p>There is no evidence of infection prevention surveillance data being completed over the past three months.</p>	<p>All infections and surveillance outcomes must be documented and reported to the governing body as required</p> <p>180 days</p>
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# Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.