

Experion Care NZ Limited - Albany 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 BSI Group New Zealand Ltd, 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: Experion Care NZ Limited

Premises audited: Albany Home and Hospital

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

Dates of audit: Start date: 4 July 2024 End date: 5 July 2024

Proposed changes to current services (if any): The service was verified as suitable to provide Hospital Medical services at the surveillance audit. Please ensure this is included on the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 17

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

General overview of the audit

Albany Home and Hospital provides rest home and hospital level of care for up to 25 residents. On the day of the audit, there were 17 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Southern. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is a registered nurse and has been in the role since June 2022 and is supported by a clinical lead, who was appointed to the role in 2023.

The facility manager also performs the role of clinical governance advisor for the Experion organisation. There is a robust quality programme in place, which is implemented. Quality data includes ethnicity and is benchmarked. Quality improvements are implemented to improve outcomes for residents.

This certification audit identified shortfalls around complaint documentation, and maintenance.

The service has been awarded continuous improvement ratings around workplace culture and the dining experience.

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.

Albany Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support and encourage a Māori worldview of health and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.

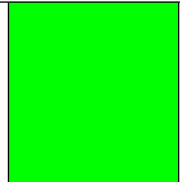
Experion Care NZ has a documented organisational structure. Services are planned, coordinated and are appropriate to the needs of the residents. The facility manager is supported by a clinical lead and oversees the day-to-day operations of the service. The organisational strategic plan informs the site-specific operational and clinical objectives which are reviewed on a regular basis.

Albany Home and Hospital has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the organisation's support team. Albany Home and Hospital collates clinical indicator data and comparison of data occurs. Benchmarking occurs monthly.

There are human resource policies including recruitment, selection, orientation and staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

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.		Subsections applicable to this service fully attained.
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There are policies and procedures documented around the entry and decline process. Prospective residents are screened by the facility manager. The clinical lead and registered nurses are responsible for the assessment, care planning and reviews of resident care plans.

Activities are provided by the activities coordinator. The residents have input to the activities plan. The residents interviewed were satisfied with the activity programme provided.

There is an electronic medication management system in place. All staff administering medications have current competencies in place. Medications are stored securely.

All food and baking are prepared on site by the cook. The menu has been approved by a dietitian and there is a current food control plan in place. The residents and family/whānau were complimentary of the meals.

All transfers and discharges from the service are coordinated in partnership with residents and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating and shade. Resident rooms are spacious and personalised.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly. Security of the facility is managed to ensure safety of residents and staff.

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.

There is a comprehensive infection control and antimicrobial stewardship programme in place which is implemented by the infection control coordinator. Education in relation to infection control is provided during orientation to the service and is included in the annual education plan. The infection control coordinator has input to the procurement of infection control supplies.

Antimicrobial stewardship is monitored closely by the infection control coordinator, the facility manager and the clinical governance committee. Infection control data is included in managers reports to the clinical governance committee and Board.

Surveillance data is collated monthly. Data includes ethnicity data and is analysed for trends. Infection control data is benchmarked, and results are discussed at meetings.

There are robust cleaning and laundry processes in place. Chemicals are stored securely, and staff have received chemical training. All laundry and personal items are laundered on site. The facility was observed to be clean. The residents and family/whānau interviewed were satisfied with the cleaning and 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.

There is a comprehensive policy in place which aims to provide a restraint-free environment. At the time of the audit, there were no residents using restraints. Restraint is discussed at meetings and staff interviewed were knowledgeable around restraint minimisation. Education is provided during orientation to the service and is included in the ongoing education planner.

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	2	0	0	0
Criteria	2	165	0	2	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Albany Home and Hospital is committed to respecting the self-determination, cultural values and beliefs of Māori residents and family/whānau, as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible, as evidenced in the care plans reviewed.</p> <p>At the time of the audit there were no Māori staff at Albany Home and Hospital. The facility manager stated that they support a culturally diverse workforce and that they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan documents the commitment of Albany Home and Hospital to build cultural capabilities, partnering with Māori, government and other businesses to align their work with and for the benefit of Māori.</p> <p>The quality and risk plan evidence a statement on cultural safety in provision of care. Experion Care has a cultural advisor that advises</p>

		<p>the Board on matters to ensure equity. Albany Home and Hospital has links with Hokonui Marae, who provide guidance and support for Māori peoples.</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>Albany Home and Hospital has a Pacific people’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ policy which notes the Pacific worldviews and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim to uphold the cultural principles of all residents and to provide an equitable service for all.</p> <p>There were no residents who identified as Pasifika; however, the facility manager stated if there were Pacific residents, then their individual cultural beliefs would be documented in their care plan. There is a process to gather ethnicity information and Pacific people’s cultural beliefs and practices during the admission process, which would then be entered into the residents’ files.</p> <p>There were no staff employed who identified as Pasifika at the time of the audit. The service has links with the Pacific Island’s Advisory and Cultural Trust (PIACT), who can provide guidance and support for Pacific peoples when required. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in June 2024.</p> <p>Interviews with eleven staff (three caregivers, four registered nurses (RN), one cook, one maintenance person, one activities coordinator and one housekeeper) identified that the service provides person-centred care.</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-</p>	<p>FA</p>	<p>Residents, enduring power of attorneys (EPOA), family/whānau, or their representative of choice are consulted in the assessment process to determine residents’ wishes and support needs when required. Details relating to the Health and Disability Commissioner’s Code of Health and Disability Services Consumers’ Rights (the Code)</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>are included in the information that is provided to new residents and their family/whānau. The facility manager and clinical lead discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Two family/whānau (both hospital) and six residents (two rest home and four hospital) interviewed stated that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and business plan. Church services are held. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services.</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. Te Tiriti: Service providers commit to Māori mana motuhake. 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>The Albany Home and Hospital annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency. It was observed that residents are treated with dignity and respect and was also confirmed during interviews with residents and family/whānau. An intimacy and sexuality policy is in place, with training as part of the education schedule.</p> <p>Staff interviewed stated they respect each resident's right to have space for intimate relationships. There was one married couple in the facility who were in single rooms. Staff were observed to respect</p>

		<p>residents' privacy by knocking on bedroom doors before entering. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with residents and family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The good employer policy acknowledges cultural diversity, and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised. The Māori health plan and business plan reflects cultural strategies that include a goal to understand the impact of institutional, interpersonal and internalised racism on resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. Staff understand their responsibilities around reporting abuse and neglect. There are educational resources available online. Cultural days are held to celebrate diversity. Staff complete code of conduct and abuse and neglect training. The education sessions provided encourages reflectiveness, self-awareness and thoughtfulness within the team and foster the desire to be effective with people they encounter.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules. Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork. Police checks are completed as part of the employment process. The service</p>

		<p>implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with the clinical lead and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The philosophy of Albany Home and Hospital promotes a holistic strength-based model of care that ensures equitable wellbeing outcomes for Māori, as evidenced in the care plans reviewed.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau are kept informed; this was also confirmed through the interviews with family/whānau. Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services are documented to assist with communication needs when required. All residents could speak and understand English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents, family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>There is information available to residents and family/whānau related to rest home and hospital levels of care. The service communicates with other agencies that are involved with the resident, such as Health New Zealand – Southland specialist services (eg, physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults and pharmacist). The clinical lead described an implemented process around providing residents with support and time for discussion around care and opportunity for further discussion, if required. There was documented evidence that family/whānau are invited to care planning and reviews. Residents</p>

		<p>and family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and felt informed regarding events or other information. Monthly residents' meetings occurred as planned since the last audit. Staff have completed annual education related to communicating effectively with residents' who have cognitive disabilities.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. The electronic resident files reviewed had written general consents sighted for outings, photographs, release of medical information, medication management and medical cares are included and signed as part of the admission process. These were uploaded onto the electronic system. Specific consent has been signed by resident or their enduring power of attorney (EPOA) for procedures such as influenza, Covid vaccines and other clinical consent. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity is on file.</p> <p>An advance directive policy is in place. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the GP has made a medically indicated resuscitation decision. The service utilises the Clinical Order for Articulating Scope of Treatment (COAST) form. This identifies the residents wishes and ceiling of care. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in</p>

		<p>decisions that affect their relative's lives. Discussions with the caregivers and RNs confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights, including informed consent.</p> <p>The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The RNs and the clinical lead have a good understanding of the organisational process to ensure Māori residents involved the family/whānau for collective decision making. Support services for Māori are available.</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>PA Low</p>	<p>There is a documented process to address concerns and complaints. The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. The complaints register evidenced complaints can be allocated a theme and a risk severity rating. There have been 22 complaints documented since the last audit. Thirteen complaints have been received in 2024 year to date and nine made in 2023.</p> <p>One of the complaints in 2023 was made through Health and Disability Commissioner (HDC). Health New Zealand requested follow up of this HDC complaint in relation to privacy; family notification; resident fluid and catheter monitoring; continence pad checks and cleanliness; resident weight monitoring; care plan updating; monitoring of unwell residents; the process for emptying catheters; and for taking residents out. There were no identified issues in respect of this complaint. The complaint has been investigated by Experion Care Albany Home and Hospital, who responded to HDC on 6 June 2023. The complaint remains open, as the service are awaiting a further response from HDC.</p> <p>Complaints documentation, including follow-up letters, demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC); however, there was no documented evidence that complainants had been provided with</p>

		<p>information on how to access advocacy support services, including HDC. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</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>Albany Home and Hospital is part of the Experion Care New Zealand Limited Group. Albany Home and Hospital provides rest home and hospital level (geriatric) care for up to 25 residents. On the day there were 17 residents: eight rest home and nine hospital, including two hospital residents on a long-term support–chronic health condition (LTS-CHC) contract, and one hospital resident on respite care under an ACC contract. There are 20 rooms certified to provide rest home and hospital care and five rooms designated to provide rest home level care only. All other residents were on an aged related residential agreement (ARRC). There was one married couple in the facility at the time of the audit who were in single rooms.</p> <p>Albany Home and Hospital has an annual business plan (2024) in place, which links to the organisation’s, vision, mission, values, and strategic direction, as documented in the Experion Care NZ organisational business plan for 2022-2025. Clear specific business clinical and operational goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The Albany Home and Hospital business plan was reviewed in June 2024. The executive team (two directors, business manager, human resources support and clinical governance advisor) meets quarterly. The executive director (owner) has owned the facilities since 2015. The executive director is supported by an independent director based in New Zealand with experience as a statutory supervisor for retirement villages. Both have equal authority and oversee operations of the care homes. The directors are supported by the accounts and business team, which comprises of a person overseeing human resources (based in India), and a business manager (based in United</p>

	<p>Arab Emirates). Each home has their own in-house business support/administrator.</p> <p>The directors have extensive business experience and understand their responsibility in the implementation of Health and Disability Services Standard. The independent director and clinical governance advisor (interviewed) explained their commitment to Te Tiriti obligations and to deliver services that improve outcomes and achieve equity for tāngata whaikaha people with disabilities. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the business and quality and risk management plan. The Māori health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori and aligns with the Ministry of Health strategies. There is a Māori cultural advisor to the executive team (governance body) that provides tikanga support. The executive team has completed cultural support training that ensures cultural competence.</p> <p>Clinical governance is provided by a clinical governance committee (CGC) that includes clinical members, the national quality lead, and two clinical governance advisors (one being the facility manager at Albany Home and Hospital). They meet monthly and the CGC is chaired by one of the clinical governance advisors. There is a documented term of reference. There is a monthly CGC report (meeting minutes sighted) on quality and risk data and a narrative from each care home. The report is generated from monthly managers meetings, discussions with managers, and data extracted from the electronic management system. The CGC reports are presented at quarterly Experion Care Board (executive) meetings by the clinical governance advisor, with recommendations of actions required. The monthly clinical benchmarking reports are also discussed at the Board meeting. Clinical information, actions, improvements and communications arising at the Board meetings are cascaded to managers by the clinical governance advisor.</p> <p>The facility manager (RN) has been in the role since July 2023 and has worked at Experion Care since June 2022. She oversees the implementation of the business strategy, quality plan, and clinical</p>
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		<p>oversight is provided by the clinical lead (RN). The clinical lead has been in the role since mid-2023.</p> <p>The facility manager has completed in excess of eight hours of professional development since July 2023, including external training with Health New Zealand and professional development and recognition programmes (PDRP) assessor course.</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>Albany Home and Hospital is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. Staff have completed cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Quality data is discussed through staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Staff and quality meetings take place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom.</p> <p>There is an internal audit schedule to monitor clinical and non-clinical performance. All internal audits were completed with results discussed/provided to staff. All internal audits evidence compliance. Quality data analysis includes ethnicity and occurs to ensure a critical analysis of Albany Home and Hospital practice to improve health equity. There are procedures to guide staff in the management of clinical and non-clinical emergencies. Experion Care NZ have adopted the quality system and policies developed by an aged care industry leader. The quality system is available to all facilities within the group through a cloud-based drop box folder. It is each facility manager's responsibility to provide document control that is site specific. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read</p>

		<p>policies.</p> <p>The service implemented quality improvements identified as a result of the data collated. There has been a strong focus on the reduction of facility acquired pressure injuries and the reduction of urinary tract infections. Extra training has been provided, including identification of stage I pressure injuries, skin integrity and pressure injury prevention. There was a focus on improving practices, including (but not limited to) reviewing catheter care practices, early identification of urinary tract infections, and increasing fluid rounds with three choices of cold drinks available.</p> <p>The national quality lead role is responsible for documentation control of quality documentation for the group. The communication policies document guidelines for tāngata whaikaha to have meaningful representation through quarterly resident and family/whānau meetings, complaints management system, and annual satisfaction surveys. Residents' meetings occurred monthly and a resident and family/whānau satisfaction survey was completed in January 2024, with corrective actions implemented and completed around the activities programme; food service; safety/security; and laundry service. The facility manager and clinical lead have an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau, either when they visit the facility or through regular emails, as evidenced through residents and family/whānau interviews.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register is in place (sighted). The noticeboard in the staffroom, keeps staff informed on health and safety issues. Incident reports are completed for each resident incident/accident, ethnicity is recorded, severity risk rating is logged and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge and skin tears). Opportunities to minimise future risks are identified by the clinical lead in consultation with the staff. Incident and accident data is collated monthly and analysed. Benchmarking activities occur by doing comparisons between months; monthly internal benchmarking between facilities occurs and is completed by the clinical governance</p>
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		<p>advisor. Results are discussed at monthly CGC meetings, quarterly Board meetings, and in the staff meetings.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 reports since the previous audit in relation to RN shortages (last RN shortage notification was completed for week beginning 31 May 2024) There have been two Covid-19 outbreaks (June 2023 and April 2024) and one scabies outbreak (January 2024) recorded since the last audit, which were reported to Public Health.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of culturally and clinically safe care and support. The facility manager works four days (Monday to Thursday) in the facility manager role and two days (Friday and Saturday) in the clinical governance role. The clinical lead works as an RN for three days (Monday to Wednesday) and in the clinical lead role for two days (Thursday and Friday). The clinical lead provides 24 hours on call for clinical matters and the facility manager is on call for any operational related issues. The facility manager stated that the service has had a full complement of RNs after the last RN shortage in May 2024.</p> <p>When the facility manager is absent, the clinical lead carries out all the required duties under delegated authority. The number of caregivers is sufficient to meet the care needs of the current residents. Absences can be covered by staff working extra hours or casual staff. There were no vacancies at the time of the audit. The rosters reviewed evidence that absences are covered to ensure safe care. Interviews with staff, residents and family/whānau confirm that overall staffing is adequate to meet the needs of the residents. Staffing requirements and occupancy are discussed as part of the staff and quality meetings. There are separate cleaning staff. Caregivers assist with laundry duties.</p> <p>There is a documented annual training programme that includes clinical and non-clinical staff training that covers mandatory topics.</p>

		<p>The training schedule has been completed for 2023 and is being implemented for 2024. Training and education is provided monthly and includes online training modules. The facility manager and clinical lead meet their training requirements through Health New Zealand - Southland training. The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in June 2024. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view, equity, identify barriers to care, clinical bias, Pacific models of care and the Treaty of Waitangi. The training content provided resources to staff to encourage participation in learning opportunities. All caregivers, clinical lead and casual staff are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE), and moving and handling.</p> <p>A record of completion is maintained. Medication competencies are completed annually. Three of the six RNs (including the facility manager and clinical lead) are interRAI trained. There are 17 caregivers employed. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Twelve caregivers have obtained a level 3 or level 4 NZQA certificate equivalent to the Certificate in Health and Wellbeing. Four caregivers are enrolled to complete the next level of qualification. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback at regular staff meetings, staff surveys (January 2024) and performance appraisals. Staff interviewed stated the facility manager and clinical lead has a transparent process when making decisions that affects staff. Results from the staff survey evidence a positive workplace environment. The service has been awarded a continuous improvement for the improvement of workplace culture.</p>
<p>Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held securely. Six staff files reviewed (one clinical lead, two RNs</p>

<p>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>and three caregivers) evidenced implementation of the recruitment process, employment contracts, police vetting and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, delegation authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is an appraisal policy and appraisal schedule as part of human resources and employment policies.</p> <p>All staff who had been in employment for more than 12 months had an annual appraisal completed. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports staff to provide a culturally safe environment to Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff on safe return to work following an injury.</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 paper-based files and documentation are stored securely. Any electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented business continuity plan in case of information systems failure. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Specimen signatures are available and include the name and designation.</p> <p>Organisation related documents that are not in use are securely stored. The facility manager is the privacy officer for Albany Home and Hospital and has to approve request for health information from third parties. Health Information is kept confidential and cannot be viewed by other residents or members of the public. There is an appropriate secure storage area for archiving of documents (sighted).</p>

		The service is not responsible for National Health Index registration.
<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>	FA	<p>The service receives referrals from the needs assessment service coordination (NASC) service, the local hospital, ACC and directly from family/whānau. Residents who are admitted to the service have been assessed by the NASC team to determine the required level of care. The facility manager and clinical lead screens the prospective residents prior to admission.</p> <p>To date there have been no residents declined; however, on discussion with the facility manager, if this were the case, there would be close liaison between the service and the referral team. The facility manager would refer the prospective resident back to the referrer and maintains data around the reason for declining. The facility manager reported that declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>There are policy and procedures documented to guide staff around admission and declining processes, including required documentation. The service collects ethnicity information at the time of admission from individual residents, and entry and decline rates are included in the manager report to the clinical governance committee (CGC) and the Board.</p> <p>The service has an information pack relating to the services provided at Albany Home, which is available to family/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The organisation has a person-centred approach to services provided. Interviews with residents and family/whānau all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and family/whānau. The service has information available for Māori, in English and in te reo Māori. At the time of audit, there were residents</p>

		<p>identifying as Māori. The service has relationships with Māori communities and organisations who are available to provide advice and support where required. The service also maintains the residents' individual linkages in the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: four hospital residents (including one resident on a LTS-CHC contract, and one resident on an ACC respite contract) and one rest home level. The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this was documented in progress notes. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. The service implements a resident centred care model based on Te Whare Tapa Whā for holistic and a strength-based care to wellbeing. The resident care plan and integrated records evidence the implementation of this philosophy.</p> <p>All residents have admission assessment information collected, which populates the initial care plan at the time of admission. Long-term care plans had been completed within 21 days for long-term residents and initial interRAI assessments had been completed within the required timeframes. The resident on ACC respite care had a care plan completed within 24 hours of admission, which addresses medical and physical needs. There are a suite of assessments available on the electronic system to form the basis of the long-term care plan. The long-term care plans are designed to be holistic and align with Te Whare Tapa Wha model of care.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely weekly and provides out of hours cover. The GP and Hospice community nurse (both interviewed) commented positively on the caring staff. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. Barriers that prevent tangata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The care plan in place for Māori reflects</p>

	<p>the partnership and support of residents, family/whānau, and the extended family/whānau as applicable to support wellbeing and had tikanga best practice guidelines included in the care plan, identifying the resident's preferences and values.</p> <p>Residents are assessed by the physiotherapist as required, and equipment is available as needed. There are no physiotherapy services able to be contracted on a regular basis from the community. The service contracts with a podiatrist, who visits every six weeks. Specialist services, including mental health service for older people, dietitian, speech language therapist, gerontology nurse specialist, Hospice, wound care, and continence nurse specialist, are available as required through Health New Zealand- Southern. There is regular input evident in resident files of Hospice, dietitian, district nurse, and wound care specialist input.</p> <p>Care staff interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written electronically every shift and as necessary by caregivers and at least daily by the RNs for residents at hospital level of care; and as necessary for the rest home residents. The RNs further add to the progress notes if there are any incidents or changes in health status. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP if required.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/ whānau confirmed the same. Family/whānau stated they are notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status and this has been consistently documented on the electronic resident record.</p> <p>There were 13 wounds on the day of the audit; one hospital level resident has three wounds (two chronic resolving unstageable non-facility acquired pressure injuries and a skin tear); the wound care nurse has input with the pressure injuries. Three (hospital level) residents with wounds (total six wounds) are being dressed by the district nurse. The remaining wounds are superficial and are being dressed by the registered nurses. All wounds reviewed had comprehensive wound assessments, including photographs (for complex wounds) to show the healing progress. An electronic wound</p>
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		<p>register is maintained, and wound management plans are implemented. Wound assessments, plans and evaluations are also in place for the wounds being dressed by the district nurse.</p> <p>Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources (sighted). Continence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use.</p> <p>Caregivers and the RNs complete monitoring charts, including bowel chart; intentional rounding; restraint monitoring; repositioning charts; vital signs; weight; food and fluid chart; blood sugar levels; and behaviour as required. Neurological observations are completed as per the falls prevention process.</p> <p>InterRAI assessments sampled had been reviewed six-monthly. Evaluations are completed six-monthly at the time of the interRAI reassessment or sooner for a change in health condition. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations are undertaken by the nurses as required and are populated within the progress notes. Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p> <p>Improvement Note: The service could consider how care plan evaluations are documented, so this is clearer within the current electronic care planning system.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activities coordinator who provides activities for two hours a day, over four days a week. They have been in the role since October 2023, and also work as a caregiver.</p> <p>There is a monthly planner which includes group games such as bingo, bowling games, and balloon games. There is a regular exercise group, and a volunteer provides Tai Chi. There are weekly church services. There are a range of visitors and a music group that come to the facility. The activities coordinator liaises with residents</p>

		<p>regularly to plan the next month's activity planner, including their suggestions where possible.</p> <p>The monthly newsletter keeps residents and relatives up to date with what activities have been taking place and what is upcoming the following month. Residents have active roles in Albany Home and Hospital, with one resident changing the tablecloths and setting dining room tables. Another resident closes the curtains in the evening and performs security checks, and another enjoys watering the plants and gardening.</p> <p>Residents who are immobile have the opportunity to attend activities and have access to one-on-one activities as they choose. One resident who is immobile stated they choose not to be included in any activities and prefers to spend time in their room watching movies, tv and listening to music.</p> <p>There is a car available to take residents out, and a van that can be hired for resident outings. The activities coordinator and residents interviewed reported they went on an outing recently and enjoyed getting out and about. Some residents go out to clubs such as the RSA and the shops independently.</p> <p>Matariki was celebrated and residents enjoyed participating in making decorations and poi for the celebration. There are linkages with Māori groups in the community who are available to provide support to residents who wish to participate in te ao Māori. The service supports the residents who identify as Māori to maintain their own linkages to their community.</p> <p>Resident meeting are held three-monthly and provide a forum for residents to participate in planning activities and providing feedback of the services provided. The residents interviewed were happy with the activities provided. Relatives felt the residents enjoyed the activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff (RNs and medication competent caregivers) who administer medications have been assessed for</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>competency on an annual basis. Education around safe medication administration has been provided. The clinical lead and one RN are trained in syringe driver management.</p> <p>Staff were observed to be safely administering medications on the day of the audit. The RNs and caregivers interviewed could describe their role regarding medication administration. The service uses pre-packed medication for regular and 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. All 'as required' medications were prescribed appropriately, and the effectiveness of 'as required' medications is recorded in the electronic medication system and progress notes.</p> <p>Medications reviewed were appropriately stored in the medication trolley and medication cupboard. The medication fridge and medication cupboard temperatures are monitored daily, and the temperatures are within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, are considered, and prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts identified that the GP had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. There were no residents self-administering their medications. The medication policy describes the procedure for residents who wish to self-administer medications. There are no standing orders in use and no vaccines are kept on site.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications, and their side effects. The RNs described working in partnership with all residents to ensure the appropriate support is in place, advice is timely, medications are easily accessed, and treatment is prioritised to achieve better health outcomes. Any changes to medication are discussed with the resident and or family/whānau.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The cook oversees food services. All meals and baking are prepared and cooked on site. The cook bakes for morning and afternoon teas, cooks the lunchtime meal and prepares the tea meal. The tea cook reheats the tea meal. All food service staff have completed online food safety training.</p> <p>The cook receives resident nutritional profiles at admission and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The cook confirmed their knowledge around the needs of the residents.</p> <p>There is a current food control plan which expires 15 March 2025. Daily temperature checks are recorded for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required) and the dishwasher. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. The cook was observed to be wearing appropriate personal protective clothing. Chemicals were stored safely.</p> <p>Residents provide verbal feedback on the meals through the daily feedback, with the residents’ meetings. The cook monitors the leftovers and alerts the RN or clinical lead when residents are not eating meals. The RNs manage dietary supplements. The cook asks the residents daily what they thought of the meal, and what improvements could be made. The cook keeps records to improve the food services.</p> <p>A registered dietitian has reviewed the four-week summer and winter menu. The residents had input to the menu, prior to dietitian review. Resident preferences and cultural preferences are considered when menus are reviewed. The cook reports they are able to accommodate residents’ requests.</p> <p>Resident surveys are completed annually and evidence satisfaction with the food service. Residents interviewed expressed their satisfaction with the meal service and feel the atmosphere in the dining room is relaxed. The service has been awarded a continuous improvement around food services and dining experience.</p> <p>Staff interviewed were knowledgeable around tikanga best practice in</p>
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		relation to food services; this was observed to be adhered to.
<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>Planned discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The transfer/discharge of residents' policy ensure discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their family/whānau are involved in the process. Residents and their family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori agencies when required.</p> <p>Transfer notes include advance directives, GP notes, summary of the care plan, a resident's profile, and next of kin details. Discharge summaries are uploaded to the electronic resident's file, as evidenced in one resident file reviewed. There is a comprehensive handover process between services. The RNs interviewed described utilising the Health New Zealand – Southern yellow envelope transfer system.</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>	PA Low	<p>The buildings, plant and equipment are fit for purpose at Albany Home and Hospital and comply with legislation relevant to services being provided. The current building warrant of fitness expires on 3 June 2025. The environment is inclusive of peoples' cultures and supports cultural practices. The service employs a part-time maintenance person who works from Monday to Thursday. This role undertakes maintenance of the site, contractor management and oversight of gardening. Essential contractors such as plumbers and electricians, are available 24 hours a day, as required. The 52-week planned maintenance schedule includes electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. Scales were last checked June 2024 and electrical testing and tagging was completed in September 2023. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges.</p> <p>Corridors are wide enough to promote safe mobility with the use of</p>

	<p>mobility aids. Residents were observed moving freely in their respective areas with mobility aids. Quiet spaces for residents and their family/whānau to utilise are available inside and outside in the gardens and courtyards. The dining and lounge areas are spacious and enable easy access for residents and staff. The residents' dining room is being shared as the nurses' station. Handovers are completed privately, and all information is securely stored for privacy and security. Residents can access areas for privacy, if required. Communal areas are available for residents to engage in activities. Furniture is appropriate to the setting and residents' needs. Residents' bedrooms are personalised to varying degrees. The bedrooms are single occupancy bedrooms. The 20 dual-purpose rooms are large enough to allow staff and equipment to move around safely and provide personal space for residents. There are adequate numbers of accessible bathroom/shower and toilet facilities throughout the facility.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower areas and other equipment/accessories are available to promote resident independence. The bathroom/shower and toilet facilities are on the maintenance schedule to ensure all fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned; however, at the time of the audit, the two toilet/shower areas in corridors 1 and 2 had tiling that have deteriorated and need replacing, also the skirting boards in the laundry have become swollen and need replacing. Toilets and showers have a system that indicates if they are vacant or occupied. Residents are provided with adequate natural light and safe ventilation. Residents and family/whānau confirmed the facility is maintained at a safe and comfortable temperature. Individual rooms are heated with adjustable heating panels. There are either night stores or heat pumps in the common areas. On the days of the audit, the indoor temperature was comfortable.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the facility manager advised that the service will liaise with local Māori providers and the cultural advisor to ensure aspirations and Māori identity are included.</p>
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<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>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. A fire evacuation plan is in place that was approved by the New Zealand Fire Service on 11 August 2022. Fire evacuation drills have been completed every six months since the last audit; with the last one completed 28 March 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored and checked at regular intervals. In the event of a power outage, a barbeque is maintained with two gas bottles, should gas cooking be needed. The service has an agreement with a local provider for access to a generator in case of an emergency. There is sufficient water stored for three litres per day, for seven days per resident, with a water tank (1,100 litres) and two supplementary water containers (200 litres).</p> <p>Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures. A minimum of one person trained in first aid is always available in the facility and for resident van outings. There are call bells in the residents' rooms, studio rooms and ensuites, communal toilets, bathrooms, and lounge/dining room areas. Residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Appropriate security arrangements are in place. Doors are locked at sunset and unlocked at sunrise. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours. Staff complete regular security and safety checks overnight. There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p>
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<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>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the clinical governance committee (CGC). Infection rates are presented and discussed at all meetings. Infection control data is also reviewed by the facility manager and the CGC. Data is benchmarked internally within the organisation. Infection control is part of the strategic and quality plans. The directors receive reports relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and antimicrobial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand- Southern.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are provided by an external contractor and are reviewed by the CGC annually. All policies are available to staff. An RN has recently been appointed and has been in the role since November 2023. They are supported by the facility manager and infection control team. Advice around infection control matters is available through the Health New Zealand - Southern infection control specialist, the GP, wound specialist and the microbiologist. The infection control coordinator has completed infection control training in relation to the role and has a signed job description.</p> <p>The infection control team is composed of the infection control coordinator (RN), the clinical lead, and staff (caregivers, kitchen and laundry staff).</p> <p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p>

		<p>There are sufficient quantities of personal protective equipment (PPE) available. Staff interviewed could describe isolation procedures.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti o Waitangi.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Additional training has been provided where required around Covid-19, outbreak management and PPE. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Information in te reo Māori or other languages are available online and will be provided when required.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager. The director, CGC, and infection control coordinator would liaise with their local Māori linkages and cultural advisor, should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	<p>FA</p>	<p>There is an antimicrobial use policy and procedure. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. The infection control coordinator monitors</p>

<p>responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>		<p>compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Infection rates are monitored monthly and reported to the staff through meetings, and to the management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antimicrobial stewardship was identified as a quality improvement as a result of data analysis.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the meetings and in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection on the electronic resident management system. All infections are entered onto the resident management system, which generates a report to include the type of infection, duration, organism and resident ethnicity. This data is monitored and analysed for trends monthly by the infection control team, and the clinical governance committee. The data reviewed included a six-monthly look-back from January to June 2024. Culturally safe processes for communication between the service and residents who develop or experience a HAI, are practiced. Internal benchmarking is completed by the clinical governance committee. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand – Southern for any community concerns. All minutes of meetings and graphs of quality data is displayed and available for staff.</p> <p>There have been three outbreaks (two Covid-19 and one scabies) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risk, and families were kept informed by phone or email. Visiting was restricted. Comprehensive reports including infection logs, communication with the Public Health Team, and the debrief meeting held were</p>

		completed for each outbreak.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept within line of sight on the cleaning trolley and the trolley is kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Laundry is completed on site. Interview with the household staff member confirmed residents’ personal clothes, such as woollen clothes, are washed separately and the management of laundry, including the transportation, sorting, storage, laundering and the return of clean laundry to the residents. There is a dirty clean flow provided in the laundry. The laundry is in the process of being refurbished, and the maintenance man compiled a progress report on the day of the audit of the laundry refurbishment status. The residents and family/whānau were satisfied with the cleaning and laundry services. Environmental audits are completed and reviewed by the infection control team.</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>The directors, CGC and the staff at Albany Home and Hospital are committed to providing service to residents without use of restraint. This is supported by the aim of the guidelines in the restraint policy. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the restraint coordinator reports they would work in partnership with Māori, to promote and ensure services are mana enhancing.</p>

		<p>Currently the clinical lead is in the process of handing over the restraint coordinator role to a registered nurse. Both were interviewed and could easily describe being proactive in having conversations with residents and family/whānau, to explain the risks of restraint and alternatives available to maintain a restraint-free environment. Both the clinical lead and restraint coordinator could describe the restraint approval process, including resident and family/whānau input, consent, risks, monitoring requirements and review processes. The staff interviewed could all provide descriptions of what a restraint is, and the alternatives the service uses to maintain a restraint-free environment. Restraint is discussed at meetings. If restraint were to be considered, this would be collated and analysed with the monthly data, included in benchmarking and reported to the directors.</p> <p>There are currently no residents using restraints. There have been no residents listed on the restraint register since March 2022.</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 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>There is a documented process to address concerns and complaints. There have been 22 complaints documented since the last audit. Complaints documentation including follow-up letters demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC), however there was no documented evidence that complainants had been provided with information on how to access advocacy support services, including HDC.</p>	<p>There was no documented evidence that complainants had been provided with information on how to access to advocacy support services, including HDC.</p>	<p>Ensure that all complainants are provided with information on how to access to advocacy support services, including HDC.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The</p>	PA Low	<p>The bathroom/shower and toilet facilities are on the maintenance schedule to ensure all fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. However at the time of the audit, the two toilet/shower areas in corridors 1 and 2 had tiling</p>	<p>i). At the time of the audit, the two toilet/shower areas in corridors 1 and 2 had tiling that has deteriorated and have ragged edges next to the</p>	<p>i). & ii). Ensure that the tiling in the toilet/shower areas in corridors 1 and 2, and the skirting boards in the laundry are replaced in a timely</p>

<p>environment is inclusive of peoples' cultures and supports cultural practices.</p>		<p>that have deteriorated and need replacing; the skirting boards in the laundry have become swollen and need replacing.</p>	<p>floor. ii). The skirting boards in the laundry have been damaged by water and the wood has swollen.</p>	<p>manner. 90 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.8</p> <p>Support systems promote health care and support worker wellbeing and a positive work environment.</p>	<p>CI</p>	<p>In June 2022, Albany Home and Hospital had a very negative workplace culture. Staff morale was very low. Some staff were exhausted from work and experiencing burn out. Staff did not have a standard uniform and name badges. There were 17 staff complaints related to staff conduct, behaviour and performance when the facility manager commenced. The team was very fragmented. Strong tensions between staff and different shifts were prevalent. Staff turnover was high due to staff conflicts. Issues of bullying and harassment, laziness, and staff poor performances were some of the common themes of the staff complaints identified.</p>	<p>An overview of staffing and issues identified in the staff complaints included (but not limited to) rostering; resident allocations; break times; staff education; and staff appraisals. All complaints were responded to within expected timeframes, staff meetings were held according to schedule, log of compliments maintained, and screenshots of compliments in Group Chat printed. Staff are actively encouraged to achieve New Zealand Qualifications Authority (NZQA) qualifications and RNs are supported and encouraged to complete Professional Development Recognition Programme (PDRP). Job descriptions and the orientation process was reviewed, and a post orientation appraisal has been implemented. Trainings conducted included Improving Workplace Culture; Understanding Bias; Bullying and Harassment; Staff Code of Conduct; Are you a Judger or a Learner; Nipping it in the Bud; Peeling the Onion; and No-blame approach strategy in</p>

			<p>complaint/incident investigations. Rostering meetings are held weekly.</p> <p>As a result, there are more staff with level 3 and 4 NZQA qualification. Where there are staff conflicts, this is dealt with in a safe, open and no blame environment. New staff feel supported (confirmed during interview). Staff appraisals provide an opportunity for the facility manager to provide positive feedback.</p> <p>Staff wellness surveys were completed in 2023 and 2024. Analysis of the 2024 survey indicated that 95% of staff surveyed do not show signs of mental, emotional or psychological stress and burn out related to work. There were seventeen staff complaints in 2022, three staff complaints in 2023 (involving new staff) and two staff complaints in 2024 year to date (involving new and same staff). The compliments folder indicated numerous staff compliments towards each other, as well as compliments from residents and family/whānau for staff.</p> <p>The surveys indicated that 100% of staff surveyed felt they now have satisfactory breaks; feel confident to do their job after completing orientation; they feel comfortable asking for training; they have received their job description, contract and role responsibilities; staff find training to be helpful; and they are satisfied with meeting structure. Staff feel empowered to voice their concerns and feel their input is valued and their culture is respected.</p>
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people's dining experience and environment is safe and</p>	CI	<p>In the resident meeting conducted in May 2023, a few residents complained about meal sizes and temperature. These were addressed with the residents; the kitchen and all staff and corrective</p>	<p>The reviewed staff rosters and duty list ensures enough staff are available in the dining room. The cooks feedback logs were reviewed, and areas for improvement identified were shared with the staff. All</p>

<p>pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>		<p>actions have been put in place. Kitchen staff started completing the meal (lunch and dinner) feedback logs from 1st June 2023. The cook and kitchen staff throughout this process ensure they obtain and document real-time feedback from residents regarding their lunch and dinner meals.</p>	<p>negative feedback comments were identified and investigated. Smoked fish for example, was deemed not very popular with residents. Feedback was provided around food presentation (gravy splattered on entire meal, vegetables served mushy or soggy, meat too hard to chew) was also provided.</p> <p>Serving sizes were identified to vary among cooks. Meal serving sizes were reviewed to suit each residents' preferences and reference lists were provided to kitchen (sighted). Online training for all staff on the Art of Fine Dining and a policy review with kitchen staff on portion serving was conducted. A sample of meal presentations were printed and laminated for staff, to provide guidance on how to plate a meal.</p> <p>In January 2024, a resident satisfaction surveys were held. The majority (6 out of 7) of residents said they were satisfied with the general preparation, variety and presentation of food/meals. Feedback continues to be obtained from residents after every lunch and dinner. Feedback analysis is generated and communicated to team members in staff and resident meetings. Family/whānau provided positive feedback on the dining experience.</p> <p>Residents provided ideas to improve table presentations. During interviews, residents reported they like the different coloured tablecloths. New dining sets were purchased. During the audit, residents were observed having an active role in setting the tables; there is a different coloured tablecloth for each day of the week. Residents pick the flowers for the table decorations and choose the background music.</p> <p>One resident chooses not to eat the meals on the menu. The cook meets with this resident daily and provides the meal the resident has requested.</p> <p>On 30 June 2024, a resident food dining experience</p>
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			survey was completed. Thirteen out of fifteen residents gave positive feedback particularly on variety of menu, meal preparation, meal presentation, serving sizes of meals, table presentation and overall dining experience.
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End of the report.