

Age Care Central Limited - Maryann Rest Home and Hospital

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Age Care Central Limited
Premises audited:	Maryann Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 2 October 2025 End date: 2 October 2025
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	62

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

Maryann Rest Home and Hospital is owned and operated by Age Care Central Limited. The service, which is managed by a chief executive and a nurse manager, provides aged-related residential care for up to 66 residents. The service is certified to provide rest home, hospital and dementia care services. Residents and whānau were complementary about the care being provided. No changes have been made to the management or premises since the last (certification) audit.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's agreement with Health New Zealand - Te Whatu Ora. It included a review of policies and procedures, review of residents' and staff files, observations, and interviews with residents, whānau, the chair of the Age Care Central Limited's board, managers, staff, and a contracted nurse practitioner.

Corrective actions from the previous audit related to the analysis of entry and decline data and care planning have been addressed. As a result of this audit, a required improvement was identified to embed completion of neurological observations following falls into practice.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Maryann Rest Home and Hospital provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, people from Pacific communities, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There are processes in place to ensure Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed culturally appropriate care was taking place.

There were processes in place to ensure Pacific peoples can be provided with services that recognise their worldviews in a culturally and spiritually safe manner.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Service providers maintain professional boundaries, and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There were processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi, and reducing barriers to improve outcomes for Māori, Pacific peoples, and people with disabilities (tāngata whaikaha). Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided.

The quality and risk management systems were focused on improving service delivery and care, and these were supported at governance level. Residents and whānau provide regular feedback, and staff participate in quality activities. An integrated approach includes the collection and analysis of quality improvement data and identifies trends that lead to improvements. Adverse events were documented. The service complies with statutory and regulatory reporting obligations.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff were appointed and managed using current good practice. Staff were suitably skilled and experienced. Professional qualifications were validated prior to employment.

Staff were orientated to the service and reported that they felt well supported through the orientation and induction programme. A systematic approach to identify and deliver ongoing competency and learning supported safe and equitable service delivery. Regular performance reviews were implemented.

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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When residents were admitted to Maryann Rest Home and Hospital, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau. Meaningful partnerships with Māori communities or organisations to benefit Māori individuals and whānau have been developed.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

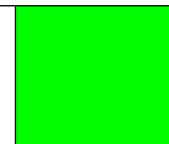
Medicines were safely managed and administered by staff who had been assessed as competent to do so.

The food service meets the nutritional and cultural needs of the residents. Food is safely managed, supported by an approved food control plan.

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

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

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

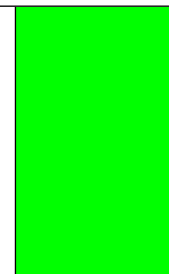


Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and maintained. There was a current building warrant of fitness, and this was displayed. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities and those in the secure dementia care service. There have been no changes to the building or evacuation planning since the previous (certification) audit.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant IP education.

The surveillance of health care-associated infections programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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.

Maryann Rest Home and Hospital maintain a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents in the service observed to be using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process, with regular reviews, was in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, alternative interventions to restraint, and requirements related to restraint monitoring.

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	18	0	0	1	0	0
Criteria	0	49	0	0	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Maryann Rest Home and Hospital (Maryann) have policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan was in place which references the National Māori Health Strategy and Te Whatu Ora Taranaki Māori Health Strategy. The plan had been developed with input from cultural advisors, and this was in use for residents who identified as Māori.</p> <p>There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and that they felt culturally safe.</p> <p>Partnerships have been established with a local marae and with Health New Zealand – Te Whatu Ora (Te Whatu Ora) to support service integration, planning, equity approaches, and support for Māori.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	Maryann works to ensure Pacific peoples’ cultural and spiritual beliefs and worldviews are embraced. The Pacific peoples’ policy

<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>references the Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan and was available for reference. The service identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Pacific health plan in place utilises the Fonofale model of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan had been developed with input from cultural advisers.</p> <p>There were no residents from Pacific communities in the facility during the audit; however, the Pacific model of care was available to guide staff to deliver culturally safe services to Pacific peoples should they be admitted. There were staff who identify as from a Pacific community who bring their own skills and expertise and would provide advice and support if required. Additional support and advice would be accessed through community services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Training on the Code had been provided. The Code was displayed in prominent locations throughout the facility in English, te reo Māori and New Zealand Sign Language (NZSL), with brochures accessible in the entrance foyer to the care facility and in information folders for new residents and whānau.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>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>	FA	<p>Staff were observed to be maintaining professional boundaries during the audit. Staff interviewed understood the organisation's policy on abuse and neglect, including the process to follow if there were any signs of this happening within the facility. There were no examples of</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>discrimination, coercion, harassment, exploitation, or abuse or neglect observed during the audit. This was also verified at resident, whānau and staff interviews, and in documentation reviewed.</p> <p>Residents' property was labelled on admission. Residents reported that their property was respected, and finances protected. Residents can have the option of a 'comfort fund' at Maryann for the purchase of incidentals.</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>Residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Files reviewed of residents in the secure unit had either an activated Enduring Power of Attorney (EPOA), or a Protection of Personal and Property Rights (PPPR) document in place, and a specialist's authorisation for the resident requiring placement in a secure dementia unit.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system was in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Staff reported they knew what to do should they receive a complaint.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, were documented and completed within the required timeframes. Verbal complaints, which can be solved easily and where the person does not want to make formal complaint, were logged in a register. Entries were observed to be addressed and closed. Complainants had been informed of findings following investigation. The nurse manager (NM) is responsible for complaints</p>

		<p>management and follow-up, with support from the chief executive (CE).</p> <p>There have been no complaints received from Māori residents or their whānau; however, processes were in place to ensure that any complaint from a Māori resident or whānau member would be managed in a culturally safe and appropriate way, including the use of hui, culturally appropriate support people, whānau involvement, interpreter services (if required) and respect for tikanga Māori.</p> <p>One complaint was received from the Health and Disability Commissioner in September 2023. The service had responded to the complaint within the appropriate timeframes set by the HDC. The complaint remained open at the time of audit. No other complaints have been received from external sources.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Maryann is governed and led by an engaged and involved board of seven directors who assume accountability for delivering a high-quality service. They do this by supporting meaningful representation of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi, and focusing on improving outcomes for residents through advice from external Māori advisors. Evidence was sighted that the governance group has completed training in Te Tiriti o Waitangi, health equity, and cultural competency. The service monitors changes to legislative and clinical requirements and maintains currency within the field through newsletters, leadership training, engagement with an employment lawyer, Te Whatu Ora, and the nurse practitioner.</p> <p>The clinical governance structure in place was appropriate to the size and complexity of the service provision. The service reflects a person-/whānau-centred approach to care and is managed by a CE who is experienced in aged care and has been in the position since 2020. The CE reported that, when they are absent, the financial manager (FM) fills the role. When the FM is absent the CE fills in. The FM has been in the role since 2020.</p> <p>The management of clinical services was the responsibility of the NM, who has over 20 years nursing experience and has been in their</p>

	<p>role since 2018. When the NM is absent, the clinical coordinator (CC), who is also an experienced registered nurse (RN), fills the role and vice versa. The CC has been in the role since 2018.</p> <p>The board of directors, through the management team, demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, reporting, policy, feedback mechanisms, and purchasing equipment. A business quality and risk management plan included the vision, mission statement, philosophy, purpose, goals and objectives. The goals include taking action to prevent infections, and to focus on restraint elimination. The review of the 2025–2026 business plan was sighted. The clinical team, guided by the clinical governance policy and the NM, discuss clinical indicators including medication errors, complaints, compliments, falls and infections. Minutes of the clinical meetings were sighted. A sample of reports to the board of directors showed reporting was in a consistent format and included adequate information to monitor performance.</p> <p>Ethnicity data was collected to support equitable service delivery. Equity for Māori, people from a Pacific community, and people with disabilities (tāngata whaikaha) was being addressed through the policy documentation and enabled through choice and control over supports, and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, complaints, and infection prevention and control). Input has been sought from residents and their whānau (as applicable) through the care planning and review processes, resident and whānau meetings, feedback and communication with the resident and their whānau, and staff knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Routines were flexible and can be adjusted to meet the residents' needs. The CE reported that staff identify and work to address barriers to equitable service delivery through cultural and spiritual needs assessments, training, and advice from external cultural advisors. A sample of resident and whānau meeting minutes evidenced positive feedback.</p> <p>The service holds contracts with Te Whatu Ora for age-related residential care (ARRC) at rest home-, hospital- and secure dementia care-level services, for short-term (respite) care, and long-term</p>
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		<p>support – chronic health conditions (LTS-CHC). Contracts were also held with the Accident Compensation Corporation (ACC), and for Disability Support Services (DSS) for younger tāngata whaikaha residents with the Ministry of Social Development – Te Manatū Whakahiato Ora.</p> <p>Sixty-two (62) residents were receiving services on the day of audit. Twenty-eight (28) residents were receiving rest home-level care services (27 under the ARRC rest home contract and one on an ARRC respite contract), 20 residents were receiving hospital-level care services (17 under the ARRC hospital-level contract, two on DSS contracts and one on an ACC contract) and 14 on the ARRC secure dementia care contract. No residents were receiving services under the LTS-CHC contract</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls. Staff reported at interview that they knew to report risks, and this was evidenced by documentation sighted.</p> <p>Policies reviewed were current and aligned with all legislative and contractual requirements. Original base documents are provided by an external provider experienced in quality systems for the aged-care sector; the documents are a template which is then adjusted to meet the needs of the facility. Critical analysis of organisational practices to improve health equity was occurring across the service, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The CE and NM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies were identified, there were processes in place to ensure these were corrected. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. Adverse events notifications in the service's resident</p>

		<p>management system showed that notifications were fully completed, whānau (as applicable) were advised of the event, actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plans of care. The exception to this was in the completion of neurological observations post-unwitnessed falls (refer criterion 2.2.5).</p> <p>Residents, whānau and staff contribute to quality improvement through meetings and surveys. The last resident survey was completed recently, with residents satisfied with the service delivered. Young people with disabilities have input into quality improvements to the service through the resident survey and resident meetings.</p> <p>The CE and NM understood and have complied with statutory and regulatory notification requirements. In the last 12 months, there has been one Section 31 notification made to Manatū Hauora related to a near-miss (fire) incident, and two notifications to the Health Safety & Quality Commission (HSQC) related to pressure injury. There were no reported police investigations or coronial inquests at the time of audit.</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 was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). A safe rostering tool was in use. The facility adjusts staffing levels to meet the changing needs of residents. A review of four weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. The physical environment had been considered. Residents, whānau and staff interviewed confirmed there were sufficient staff available to meet their needs. At least one staff member on duty has a current first aid certificate and there was 24/7 RN coverage in the facility on the rosters sighted. Four diversional therapists (DT) and one activities assistant were employed by the service, with a designated person in the secure dementia unit who provides resident activities. Staff reported there were adequate staff to complete the work allocated to them; residents and whānau</p>

		<p>interviewed reported that staff were responsive to meeting their needs.</p> <p>The NM described the recruitment policy and process, which includes referee checks, police vetting, and validation of qualifications and practising certificates (APCs), where required. Job descriptions defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. Practising certification had been checked annually for any health professionals utilised by the service.</p> <p>Continuing education had been planned on an annual basis and included mandatory training requirements. Records sighted showed that the programme had been delivered. Related competencies had been assessed and supported equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p> <p>Care staff have access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreements with Te Whatu Ora. The CM reported, and documentation confirmed, that staff hold Level 2, Level 3, and Level 4 New Zealand Qualifications Authority (NZQA) education qualifications; staff were encouraged to undertake the qualification. Nine care staff working in the secure dementia care unit have completed the dementia-specific modules required to work in that area. Two other staff in the facility have qualifications to enable them to assist in the secure dementia unit should this be required.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support</p>	<p>FA</p>	<p>Human resources management policies and processes were based on good employment practice and relevant legislation. A sample of nine staff records reviewed confirmed the organisation's policies were being consistently implemented, including evidence of qualifications and professional registration (where applicable). Position descriptions were documented and were sighted in the files reviewed.</p> <p>Staff orientation included all necessary components relevant to the</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>role. Staff reported that the orientation process prepared them well for their role. New staff interviewed described their orientation and 'buddy' arrangements with an experienced staff member until the employee was confident. Orientation had been completed in the files sighted. Orientation includes medication management (if applicable to role), the Code, complaints, confidentiality and privacy, cultural safety, fire evacuation and civil defence, chemical use, food handling, infection outbreaks, hand hygiene, health and safety, infection control, 'PPE' use, safe restraint, moving and handling, and personal cares. Staff interviewed confirmed the orientation process takes place and described it as valuable in preparing them for their roles and responsibilities.</p> <p>Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed. Staff reported that appraisals were beneficial, providing opportunities to set personal career and education goals aligned with service needs.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>At the previous (certification) audit, it was identified that the service was not analysing entry and decline rates, including entry and decline data for Māori. This has been rectified. Analysis of entry and decline rates is now being undertaken, including entry and decline rates for Māori. Residents who identify as Māori have been admitted into the service and there have been no declines for prospective residents who identify as Māori.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>FA</p>	<p>The multidisciplinary team works in partnership with the resident and whānau to support wellbeing. A finding from the previous</p>

<p>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>(certification) audit related to care planning had been addressed. All care plans reviewed reflected current residents' needs. Short-term care plans had been evaluated, and continuing needs, if appropriate, transferred to the long-term care plan. The care plan had been developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, interRAI assessment, long-term care plan and review timeframes meet contractual requirements. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling eight residents' records, and from interviews with clinical staff, people receiving services, and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>The NP expressed satisfaction with the high standard of care provided to residents at Maryann as well as timely care interventions and communication.</p> <p>Interviews with eight residents and seven whānau of residents verified a high degree of satisfaction with the care provided at Maryann. All residents and their whānau communicated appreciation of the active involvement in planning the resident's care and ongoing open communication with staff.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for</p>

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines had been assessed as competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly general practitioner (GP) review was consistently recorded on the medicine chart.</p> <p>No resident was self-administering medication at audit; however, there was documented evidence that this can be facilitated and managed safely. Standing orders were not used at Maryann.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The menu had been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. The menu was reviewed in October 2024 by a registered dietitian. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys, resident meeting minutes, and observation on the day of audit.</p> <p>The service operates with an approved food safety plan and registration, which expires in June 2026.</p> <p>Food and fluids were available 24 hours a day in the secure dementia unit, and staff discussed making these available to residents who were unsettled.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my</p>	FA	<p>Transfer or discharge from the service had been planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs had been identified and managed. Whānau reported</p>

<p>wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose and maintained. All residents have their own rooms, which were personalised. There were processes in place to ensure the security of residents in the secure dementia unit and the secure garden area.</p> <p>The building had a building warrant of fitness with an expiry date of 10 May 2026. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for resident areas; all were within the required temperature range.</p> <p>There have been no changes to the building or services since the previous (certification) audit. Residents and whānau interviewed reported that they were happy with the environment, including security, heating and ventilation, natural light, privacy, and maintenance.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme, which had been developed by those with IP expertise and approved by the governance body. The programme was linked to the quality improvement programme and reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.</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>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau had been educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme had been shared with staff and reported to the governing body. A summary report for a recent infection (COVID-19) outbreak was reviewed; it demonstrated a thorough process for investigation and follow-up. Learnings from the event had been incorporated into practice.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maryann is committed to providing a restraint-free environment, and the facility has remained restraint-free since the previous (certification) audit. Restraint has not been used in the facility since 2021. At the time of audit, there were no residents observed to be using restraint. A restraint coordinator (RC) who is a RN has oversight of the restraint process.</p> <p>There were strategies in place to support the elimination of restraint, including an investment in time and equipment to support the removal of restraint (e.g., use of 'intentional rounding' (scheduled resident checks), use of high/low beds, and sensor equipment). Documentation, and interview with a member of the board, confirmed that restraint use or non-use was reported to the board at its two-monthly meetings.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques, as part</p>

		<p>of the 2024 and 2025 education programme. Restraint protocols were covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). The RC has completed education relevant to the role.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	<p>PA</p> <p>Moderate</p>	<p>Best practice protocols require neurological observations to be undertaken for 24 hours following a fall if the fall resulted in a knock to the head or it was unwitnessed. A detailed review of six out of 31 records relating to unwitnessed falls was conducted. In all reviewed cases, the incidents were thoroughly documented, and where appropriate, whānau were notified. Of the six records reviewed, none demonstrated full compliance with the neurological observation protocol. Between three and six sets of neurological observations had been completed, with none extending to a 24-hour period.</p>	<p>Neurological observations are not being completed as per best practice protocols post-unwitnessed falls.</p>	<p>Provide evidence that neurological observations are being fully completed as per the documented protocol post-unwitnessed falls.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.