

# Lexon Limited - Aranui Home and Hospital

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## 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Lexon Limited
<b>Premises audited:</b>	Aranui Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 6 December 2022      End date: 7 December 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	85

# Executive summary of the audit

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## 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 tatou 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

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

## General overview of the audit

Aranui Home and Hospital provides hospital, rest home and dementia levels of care for up to 89 residents. There were 85 residents on the days of audit. This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The manager is appropriately qualified and experienced and is supported by a clinical manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified the service meets the intent of the standard and has achieved a continuous improvement rating around restraint elimination.

## Ō tatou 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 are fully attained.

Aranui Home and Hospital provides an environment that supports resident rights and cultural safe care. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting Māori health strategies by actively recruiting and retaining suitable qualified Māori staff. The facility manager and Board of Directors are committed to working collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Services are provided in a manner that considers their dignity, privacy, and independence. The service listens and respects the residents' opinions and effectively communicates with them about their choices. Staff receive training on Māori health and awareness at orientation. A Māori health plan is currently being developed.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service are fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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 are fully attained.
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent care support staff are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities support and diversional therapists provide and implement an interesting and varied activity programme. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences of residents.

Residents' food preferences and dietary requirements are identified on admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan. Nutritional snacks are available 24 hours a day.

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

Includes 2 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 are fully attained.
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The building is spacious and on a single level. There is a current building warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All rooms are single occupancy. There are sufficient shared bathrooms and showers. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

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

Includes 5 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 are fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Includes 4 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 are fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has not used any restraint since 2017. If a restraint was assessed as being required, the facility would consider it as a last resort, only after all other options were explored.

## 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	27	0	0	0	0	0
Criteria	1	158	0	0	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

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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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>Aranui has Māori cultural policies and is developing a Māori health plan to acknowledge Te Tiriti o Waitangi. There are residents who identify as Māori residing at the facility. Residents are involved in providing input into their care planning, their activities, and their dietary needs. Staff receive cultural training during orientation and as part of the mandatory two-yearly training plan. Staff also undertake cultural competencies. Three registered nurses (RN), one enrolled nurse (EN), and eight healthcare assistants (HCAs) interviewed described practices which support the health and wellbeing of Māori residents and their whānau.</p> <p>Aranui is committed to supporting Māori health strategies by ensuring policies and procedures identify and analyse variances in Māori health (i.e. infection control and adverse events). The directors, facility manager and clinical manager reported actively seeking the services of an external policy developer to support their Māori health plan development. The service is developing support to increase Māori capacity by employing more Māori staff members.</p>

		<p>There are staff currently employed at Aranui who identify as Māori. The service has linkages to a kaumātua, who is available on request. The service is working towards developing relationships with local Māori communities and groups in the area. All staff interviewed confirmed that the facility welcomes the appointment of suitably qualified Māori staff. Country of origin data is gathered when staff are employed, and this data is planned to be analysed in reports monitored by the directors, facility manager and clinical manager.</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>	FA	<p>Aranui aim to co-design their health services to utilising both Māori and Pacific peoples through collaboration and partnership models. There is a suite of Pacific peoples' policies. There are current residents at Aranui who identify as Pasifika. The organisation actively recruits suitably qualified Pasifika staff. At the time of the audit, there were Pasifika staff employed.</p> <p>The service is working on strengthening links with the local Samoan group, and Pacific organisations to assist in the development and implementation of their Pacific health plan. Staff undergo cultural training and competencies, which will be reviewed to include training in relation to Pacific peoples.</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>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations in English and te reo Māori. Details relating to the Code are included in the information that is provided to new residents and their family. The facility manager, or clinical manager discusses aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are also held during the bi-monthly resident/family meetings. All residents (four rest home, four hospital) and family (six hospital, one rest home, four dementia) interviewed reported that the residents' rights are being upheld by the service. This was confirmed in interviews with management and eighteen</p>

		<p>staff members (three RNs, one EN, eight HCAs, three diversional therapists, one laundry, one maintenance and one cook). Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>There is a Māori health policy, and Māori health and awareness procedures are documented. There is a Māori health plan currently being developed to fully align with Ngā Paerewa Standard and training to ensure implementation within delivery of care. Staff complete training which includes Māori health awareness at orientation. The service recognises Māori mana Motuhake, with the stated aim of Aranui Home and Hospital co-designing health services, utilising both Māori and Pacific peoples through collaboration and partnership models. Residents interviewed stated they were supported to be as independent as possible.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right to autonomous decision making related to their health and wellbeing. It was observed that residents are treated with dignity and respect. Resident and family satisfaction surveys completed in 2021 and 2022 confirmed that residents and families are treated with respect. Residents and</p>

		<p>families interviewed confirmed they are treated with respect.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships. Intimate relationships between residents are respected, as evidenced in interviews with staff, with an example given of when the service has previously had couples in a relationship within the home.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and families interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. A spirituality policy is in place.</p> <p>Te reo Māori and the spirit of Te Tiriti o Waitangi is integrated into everyday life at Aranui, with Māori staff interviewed advising that those who do speak te reo, assist those who do not. The service has signage in te reo. Tāngata whaikaha goals and needs are identified through their care plans. They are supported to enable their participation in te ao Māori should they wish to.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Aranui policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days celebrate diversity. A code of conduct is discussed with staff during their induction to the service that addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect</p>

		<p>and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Policies reviewed and a resident-centred model of care promotes a strengths-based holistic model to ensure positive wellbeing outcomes for their Māori residents. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</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>Information is provided to residents/relatives on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified relatives are kept informed, and this was confirmed through the interviews with relatives.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, all residents could speak and understand English. Healthcare assistants and registered nurses interviewed described how they would assist residents that do not speak English with interpreters or resources to communicate should the need arise.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora -Te Toka Tumai Auckland specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Ten resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents in the 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>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. There have been six complaints since the previous audit in January 2022. There have been no complaints received from external agencies. The facility manager could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including the resident meetings which are held bi-monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents/relatives making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for many Māori there is a preference for face-to-face communication and confirmed her commitment to do this wherever possible. On interview, residents and family stated they felt comfortable to raise issues of concern with management at any time.</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</p>	<p>FA</p>	<p>Aranui Home and Hospital provides rest home, hospital, and dementia level care for up to 89 residents (25 dementia beds and 64 dual-purpose rest home/hospital beds). At the time of the audit, there were 85 residents in total: 23 rest home level, including one resident under a mental health contract, and one on respite; 39</p>

<p>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>hospital level, including two residents funded by a long-term support-chronic health care (LTS-CHC) contract; and 23 requiring dementia level of care, including one resident funded by LTS-CHC. The remaining residents were funded by the age-related residential care (ARRC) contract.</p> <p>The directors have a number of years' experience as owner/general manager of another, nearby aged care facility. The service is managed by a full-time experienced facility manager (FM), who is a registered nurse (RN). She has been at the facility for 13 years, and in the aged care sector for over 20 years. She is suitably skilled and experienced for the role. Responsibilities and accountabilities are clearly defined. The FM confirmed knowledge of the sector, regulatory, Ministry of Health and other mandatory reporting body requirements. She maintains currency through her professional networks including Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. The FM is supported by a clinical manager (RN), registered nurses, enrolled nurse, HCAs, and administrative staff. The FM reports to the directors.</p> <p>There is a business strategic and management plan for 2022. The plan sighted outlined the scope, direction, and goals of Aranui. The quality programme includes a quality programme policy, and quality goals that are reviewed monthly in staff and management meetings. Documentation is in the process of amendment to reflect the requirements of the 2021 Health and Disability Standard.</p> <p>The management team are committed to supporting the Māori health strategies, including implementation of systems to assist with identification and analyse variances in Māori health (i.e. infection control and adverse events). The management team are actively seeking input to integrate a Māori health plan into governance (including business planning, quality, and risk management) and clinical, to improve Māori health through clinical assessment and organisational policy and procedures. The directors and facility manager are working towards ensuring that tāngata whaikaha have meaningful representation in order to explore and implement solutions on ways to achieve equity and improve outcomes for residents. The directors are currently exploring how they can incorporate meaningful Māori representation, and input into</p>
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		<p>organisational operational policies. Plans are in place for the governance team to attend cultural training to ensure that they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>The FM has maintained a minimum of eight hours of professional development per year relating to the management of an aged care facility and has open communication with the directors at all times.</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>Aranui has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits and through the collection, collation, and benchmarking of clinical indicator data; providing the opportunity to improve health equity through critical analysis of organisational practices. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. The director interviewed described reports that can be generated to review ethnicity data.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and have been updated to meet the HDSS:2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>Monthly clinical meetings and monthly staff/quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. The service assesses staff cultural competencies to ensure the service can deliver high quality care for Māori.</p> <p>Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on quality noticeboards, located in the staffroom and two nurses'</p>

	<p>stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Quality initiatives for 2022 include maintaining a good reputation within the local community, budget compliance and improving the use of available technology.</p> <p>The annual resident and family satisfaction surveys indicate that both residents and family have reported high levels of satisfaction with the service provided, with results shared in the resident and family meetings.</p> <p>A health and safety system is in place with annual identified health and safety goals. Health and safety is a part of the combined health and safety and infection control meetings held monthly. There is a health and safety officer who has completed formal health and safety training. Manufacturer safety datasheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in November 2022 (sighted).</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the electronic accident/incident form. Staff wellbeing programmes include offering employees the employee assistance programme.</p> <p>Electronic reports on the resident management system are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Neurological observations are recorded for suspected head injuries and unwitnessed falls as per policy. Relatives are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.</p> <p>Discussions with the clinical manager and clinical coordinator evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been</p>
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		<p>section 31 notifications completed to notify HealthCERT around changes in facility management. There have been two outbreaks (Covid-19) since the previous audit, which were appropriately managed, and staff debriefed.</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 bi-annual education and training schedule being implemented that includes mandatory training across 2021 and 2022. Online training can be accessed by all staff, with a record of completion on the electronic management system being monitored by the FM. Toolbox talks are held when required or at handovers, facilitating the collection and sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register. Toolbox talks are held when required or at handovers. The service embeds cultural values in their mandatory training programmes and competencies.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 33 healthcare assistants, 22 have completed their level four qualification, eight have completed their level three qualification and one has completed their level two qualification. Twenty-six of the HCAs work in the dementia unit, with all having attained the dementia unit standards.</p> <p>The staffing policy meets with the Ministry of Health safe staffing hours. The service applies the roster matrix based on Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland contract algorithm for staffing. There is at least one RN on each shift. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff.</p> <p>Interviews with residents and family/whānau confirmed staffing</p>

		<p>overall was satisfactory.</p> <p>Training for clinical staff can access external training through Te Whatu Ora Health New Zealand -Te Toka Tumai Auckland. Registered nurse specific training viewed included: wound care, interRAI and first aid. There are eleven RNs and one EN employed, with four RNs being interRAI trained. Existing staff support systems including peer support, wellbeing initiatives, and the provision of education to promote health care and staff wellbeing. Staff interviewed report a positive supportive work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are stored securely. Eight staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (eg, restraint coordinator, infection control coordinator) to be achieved in each position. All staff sign their job description during their on-boarding to the service.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>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 RNs and HCAs to provide a culturally safe environment to Māori.</p> <p>Volunteers are used (particularly with activities) and an orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p>

		Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in electronic format. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Electronic signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room or backed up on the electronic system and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<p>There is an admission and decline to entry policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families and residents prior to admission or on entry to the service.</p> <p>Ten admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p>

<p>communicated to the person and whānau.</p>		<p>The facility manager (RN) and clinical manager are available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available or could not provide the level of care required. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service plans to collect ethnicity information at the time of enquiry from individual residents, and to analyse this to identify entry and decline rates that is ethnicity focussed. The facility has linkages with kaumātua who is available to provide support where required for Māori individuals and whānau.</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>Ten files were reviewed for this audit (four hospital files, including one resident on a long-term support -chronic health contract (LTS-CHC); three rest home files, including one on a mental health contract and one respite; and three dementia files). Registered nurses (RNs) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Achievement of equitable outcomes for Māori health are actively pursued.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. All initial assessments and care plans were signed and dated. InterRAI assessments (where required) were completed within the stated timeframes of the contract and care plans had been evaluated within the required six-month timeframe. Long-term care plans and routine six-monthly evaluations were completed within expected timeframes. Care plan evaluations stated progress against the set goals. Care</p>

	<p>plans have been updated when there were changes in health condition and identified needs. The long-term care plan aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs. There is specific cultural assessment as part of the social and cultural plan.</p> <p>The initial care plan, assessments, and long-term care plan were completed. These documented the support required to maintain physical and medical needs, maintaining of community and family links, assistance with communication and involvement in managing their own daily routine.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. There are GP visits weekly and more often when required. The GP practice has an after hour on-call service. The facility nurse manager and clinical manager are both available for after-hours calls and advice. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for sixteen hours a week and will visit more if requested to do so. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor and wound care specialist nurse are available as required.</p> <p>Healthcare assistants (HCA) and registered nurses interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. This was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily on the electronic system by HCAs and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, an RN initiates a review with a GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound</p>
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		<p>measurements were reviewed. There were fifteen wounds currently being treated and included one pressure injury that is a stage II chronic pressure injury. An electronic wound register is maintained.</p> <p>Registered nurses and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants, enrolled nurses (ENs) and RNs complete monitoring charts, including: bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood sugar levels; intentional rounding; and toileting regime. Neurological observations have been completed for unwitnessed falls and suspected head injuries according to the facility policy.</p> <p>Short-term care plans were well utilised for issues such as infections, weight loss, and wounds.</p>
<p><b>Subsection 3.3: Individualised activities</b></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 are three members of the activities team. All three are qualified diversional therapists (DT) and one is a volunteer. The volunteer is part time, and the other two DTs are full time. The three together cover activities seven days a week. All hold current first aid certificates. Weekend activities are supported by the HCAs and plenty of resources are available to deliver the activities.</p> <p>The programme is planned monthly and includes themed cultural events. Waiata's are sung in the morning with residents. Entertainers that sing Māori and Pacific songs are booked. Pacific church groups hold services. The dementia unit has an activities planner that covers 24 hours of activities a day should it be required.</p> <p>The service facilitates opportunities to participate in te reo Māori through the use of Māori language on planners, participation in Māori language week, and Matariki. Māori phrases are incorporated into the activities and culturally focused activities. Māori signage was viewed around the facility.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual,</p>



		<p>and emotional needs of the residents. One-on-one time is spent with residents who are unable to actively participate in communal activities (as observed during audit).</p> <p>A variety of individual and small group activities were observed occurring at various times throughout the day of audit. Entertainment and outings are scheduled weekly. There is a volunteer programme. Volunteers were viewed interacting with residents during the audit. There are weekly interdenominational services and links with a pre-school.</p> <p>A resident's social and cultural profile is completed within 24 hours of admission and include the resident's past hobbies and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include quizzes, art, exercises, group walks and hand massages.</p> <p>Resident meetings are held monthly, and family are invited to attend. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family members interviewed stated the activity programme is meaningful and appropriate.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Medication management policies, training and competencies is available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses, an enrolled nurse and healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the</p>

		<p>supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms and locked trolleys. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP.</p> <p>Twenty electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has a photo identification and allergy status identified. There were no residents self-administering medications at the time of the audit. Medication competent HCA, an enrolled nurse or RN sign when the medication has been administered. No inhalers are kept in the resident rooms. There are no vaccines kept on site. The facility uses standing orders, and the process is followed as per policy to manage this.</p> <p>Residents and relatives are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. There are Māori residents in the facility. The registered nurses, and clinical manager described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</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>	<p>FA</p>	<p>The meals at Aranui Rest Home are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was in evidence, expiring in September 2023. The menu was approved by the dietitian on 9 November 2022. All ten residents’ files reviewed during the audit had a dietitian review included.</p> <p>There is a food services manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of</p>

		<p>any changes to dietary requirements (vegetarian, dairy free, pureed foods) or of any residents with weight loss. The cook (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents have access to nutritious snacks 24 hours a day. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. The residents have a choice of a cultural meal twice a week (eg, chop suey, taro curry etc).</p> <p>The care home has a weight management programme with a goal to have early intervention strategies implemented to prevent weight fluctuations in residents. Residents with more than 2% weight loss or gain is identified and referred to the dietitian. The dietitian reviews each of these residents four to six-weekly in the facility. All residents are offered smoothie drinks in addition to their meals. A review of two residents (including one resident from the dementia unit) who have been on the weight management programme have increased weight of more than 1.5kgs in a month.</p> <p>Daily fridge and freezer temperatures recordings are documented and monitored by the cook. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in the dining rooms and a heated scan box is used for plated meals to be transported to those residents' enjoying meals in their rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service and choice of meals provided. They can offer feedback on a one-to-one basis with the cook, at the resident meetings and through resident surveys.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident transfer policy and procedures are documented to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents (if appropriate) and families/whānau were involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The facility is spacious, and all building and plant have been built to comply with legislation. The building warrant of fitness expires on 3 May 2023. There are 64 dual purpose rest home and hospital beds and 25 dementia beds across one level. The environment is inclusive of peoples' cultures and supports cultural practices. The lead maintenance person works part time and is supported by another part-time maintenance person and the owner in their role. This role oversees maintenance of the site, and contractor management. Essential contractors such as plumbers and electricians are available as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. There is an annual preventative maintenance plan. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of electrical equipment, checking and calibration of medical equipment, hoists and scales occurs annually as scheduled. Healthcare assistants interviewed stated they have adequate equipment and space to safely deliver care for rest home, hospital, and dementia level of care residents.</p> <p>There are residents' lounges, a whānau room, a conservatory, wheelchair ramp and a private outdoor courtyard. Resident rooms are single occupancy, and each bedroom has a wash basin. The</p>

		<p>resident rooms are spacious to provide cares, and there are several ensuite rooms. There are sufficient shared bathrooms and shower rooms. Each room allows for the safe use and manoeuvring of mobility aids. Flowing hand soap, hand sanitiser and paper towels are installed in all bathrooms and near hand basins.</p> <p>There are handrails in bathrooms and hallways. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are well maintained and have attractive gardens. Seating and shade are available.</p> <p>The 25-bed dementia unit is secure and has been purpose-built to cater for the specific needs of dementia clients. It has a large lounge and dining area beside the nursing station. All rooms are single occupancy and there are several ensuite rooms in the dementia unit. All other rooms have a handbasin and there is an adequate number of shared shower rooms and toilets.</p> <p>There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions and are encouraged to personalise their rooms.</p> <p>The building is appropriately heated and ventilated. There is a mixture of wall heaters and central heating throughout the facility. The temperature in each room can be individually set. There is plenty of natural light in the rooms.</p> <p>The owner described utilising their links with local kaumātua and iwi, to ensure future building designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and</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.</p> <p>A fire evacuation plan is in place that has been approved by the New</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>Zealand Fire Service (13 December 2010). A fire evacuation drill was completed on 6 October 2022 and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is a generator available. There are adequate supplies in the event of a civil defence emergency, including water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are alarmed. There are security cameras in the building.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>A registered nurse oversees the infection control and antimicrobial stewardship (AMS) programme across the service with support from the clinical manager. The job description outlines the responsibility of the role. 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 electronic quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted. Infection matters and rates are raised at monthly staff/quality and clinical meetings. Infection control is part of the strategic and quality plans. The governing body receive reports on progress quality and strategic plans relating to: infection prevention; surveillance data; outbreak data and outbreak management; infection prevention related audits; and resources and costs associated with infection control and AMS on a monthly basis, including any significant</p>

		<p>infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora -Te Toka Tumai Auckland. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control nurse is a registered nurse has been in the role for the last three months and is supported by the clinical manager. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora -Te Toka Tumai Auckland which provided a forum for discussion and support related to the Covid response framework for aged residential care services. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control nurse has completed online study in infection control. There is good external support from the GP, laboratory, and Te Whatu Ora -Te Toka Tumai Auckland nurse consultants. There are outbreak kits readily available and sufficient stocks of personal protective equipment.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the directors and management in consultation with the infection control nurse. Policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and items. All shared equipment is appropriately disinfected between use. The service's infection prevention and control policies acknowledge the importance of te reo information around infection control for Māori residents and encouraging culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely</p>

		<p>assess and evidence that these procedures are carried out.</p> <p>The infection control nurse has input into the procurement of medical supplies. The service has no current plans for any new buildings or significant changes; however, the director confirmed the organisation would consult with the infection control nurse and clinical staff should this occur.</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. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards, handovers, newsletters, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting and clinical meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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-</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Aranui infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored</p>



<p>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>and analysed for trends, monthly, and annually.</p> <p>Infection control surveillance is discussed at staff meetings. The service is incorporating ethnicity data into surveillance methods and data captured are easily extracted. Internal benchmarking is completed by the clinical manager. Meeting minutes and graphs are displayed for staff. 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 for any community concerns. There have been two outbreaks (Covid-19 March and August 2022) since the last audit, which were appropriately managed, staff were debriefed, and the relevant organisations notified.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<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 in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety datasheets 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. There are sluice rooms (with sanitisers) in each wing with personal protective equipment available, including face visors.</p> <p>All laundry is processed on site. The laundry has a clean/dirty flow with defined areas and the laundry is operational seven days a week. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. The laundry assistant interviewed was knowledgeable around the systems and processes. The infection control nurse completes internal audits around cleaning and laundry processes.</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>The restraint approval process is described in the restraint policy and procedure. The policy provides guidance on the safe use of restraints. An experienced RN is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation. They are conversant with restraint policies and procedures. The facility has been restraint free since 2017. Restraint minimisation training for staff, which includes a competency assessment, begins during their orientation, and continues annually.</p> <p>The reporting process to the owner includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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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 of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 6.1.5</p> <p>Service providers shall implement policies and procedures underpinned by best practice that shall include:</p> <p>(a) The process of holistic assessment of the person’s care or support plan. The policy or procedure shall inform the delivery of services to avoid the use of restraint;</p> <p>(b) The process of approval and review of de-escalation methods, the types of restraint used, and the duration of restraint used by the service provider;</p> <p>(c) Restraint elimination and use of</p>	CI	The process of holistic assessment of the person’s care or support plan and early recognition and prevention strategies have been applied to eliminate restraint usage in the care home.	There were four residents in 2014 and one in 2017 who had a restraint. The care home implemented restraint-free strategies in 2017 which also encompassed intentional rounding, pre and post meal toileting, expansion of the activities programme over seven days, and more one to one with residents who are a falls risk. The strategies also included further training in collaboration with a Dementia Auckland advisor on challenging behaviour management. The strategies and training included how to early detect and assess residents for intervention placement when changes in behaviour or a urinary tract infection is suspected. The strategies also included earlier recognition of residents need for the use of sensor mats, sentinel alarms on chairs, low bed placement and dietitian and physiotherapy input. The training and review of the strategies continue within the care home. The care home has remained restraint free since 2014. The care home analyses their restraint-free strategies against their fall data. There have been no increases in resident falls

<p>alternative interventions shall be incorporated into relevant policies, including those on procurement processes, clinical trials, and use of equipment.</p>			<p>since the restraint-free initiative commenced. There has been a downward trend in falls. There is a reduction of 44% in falls in 2022 compared to 2021. The care home noted there was a slight increase in falls in 2020 and 2021 due to Covid 19 lockdown; however, compared to 2018 data, the number of falls were still a 2% improvement from the time the care home used restraints.</p>
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End of the report.