

Arran Court Limited - Arran Court Rest Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Arran Court Limited
Premises audited:	Arran Court Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Dementia care
Dates of audit:	Start date: 31 October 2024 End date: 1 November 2024
Proposed changes to current services (if any):	None.
Total beds occupied across all premises included in the audit on the first day of the audit:	98

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

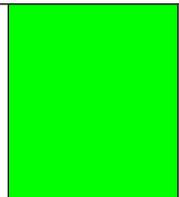
Arran Court Rest Home and Hospital (referred to as Arran Court) provides rest home, hospital (medical and geriatric), dementia level, and residential disability services (physical) care for up to 102 residents. There were 98 residents on the days of audit.

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

The facility manager (owner/director) is a registered nurse and is supported by the chief executive officer (owner/director), the clinical manager (registered nurse) and office manager. There are quality systems and processes being implemented. Feedback from residents and families was very positive about the care and the services provided. This included very positive feedback from younger residents. 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 a shortfall related to care planning.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Arran Court provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans. The service works to provide high-quality and effective services and care for residents.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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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 the staff. Quality improvement projects are implemented. Data is collated from a review of a range of quality and clinical indicators and discussed at relevant meetings. Corrective actions are resolved in a timely manner when these are identified.

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

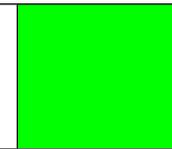
Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The clinical manager and 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 family/whānau input. Resident files include medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

The diversional therapist and team implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences. Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent healthcare assistants 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.

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

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



Subsections applicable to this service fully attained.

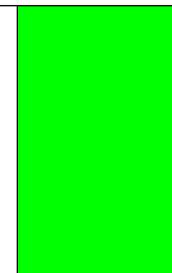
The facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The facility vehicle has a current registration and warrant of fitness.

The dementia unit is secure with ample indoor and outdoor areas for residents to enjoy.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six monthly. There is a staff member on duty on each shift with a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Security is maintained.

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

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



Subsections applicable to this service 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. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks 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 are 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 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.
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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. At the time of the audit the service had eight residents using restraint. Restraint minimisation is included as part of the mandatory training plan and orientation programme.

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	28	0	1	0	0	0
Criteria	0	179	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori.</p> <p>They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines. The service has links with Ngapuhi through the owner/director who identifies as Māori. The owner/director and some staff can korero in Māori. The owners/directors support the organisation’s cultural journey.</p> <p>Arran Court incorporates Te Whare Tapa Wha Māori model of health and wellbeing into practice. A review of two records for residents who identify as Māori confirmed that a Māori health assessment and cultural plan was documented and individualised to the resident. The service supports increasing Māori capacity by employing Māori staff members. Staff interviewed stated that they are supported in a culturally safe way. There are staff who identify as Māori. Staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan for residents</p>

		<p>who identify as Māori. Tikanga guidelines are available.</p> <p>Residents who identify as Māori were interviewed and confirmed their involvement in care planning, their activities, and their dietary needs.</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>Arran Court recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of health and disability services for Pacific people. There is a Pacific health plan documented, with a policy to support the plan. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is available in several different languages according to resident needs.</p> <p>On the day of audit there were Pasifika residents. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered in the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan. Managers and staff confirmed that they encourage and support any staff who identify as Pasifika. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>The service can consult with Pacific Island staff, and Pasifika churches to support access to community links. Arran Court continues to provide equitable employment opportunities for the Pasifika community. Links with the Pasifika community are documented.</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>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed throughout the facility. Details relating to the Code is included in the information provided to new residents and their family. The clinical manager (CM) or registered nurse (RN) discusses aspects of the</p>

<p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Code with residents and their family/whānau on admission.</p> <p>Managers and staff were interviewed. This included four managers (facility manager [owner/director], maintenance lead [owner/director], clinical manager and office manager). Fourteen staff were interviewed as follows: five healthcare assistants [HCA], four RNs, chef, head chef, diversional therapist [DT], laundry supervisor, and housekeeper.</p> <p>Ten residents were interviewed: four requiring rest home level of care including residents under the following contracts: one Long Term Service-Chronic Health Care [LTS-CHC and one respite]; six requiring hospital level of care including two Young People with Disabilities [YPD]. Six family/whānau were interviewed. They included two with family at rest home level of care [including one YPD], three with family at hospital level of care [including one ACC], and one with family in dementia care.</p> <p>Discussions relating to the Code are held during the monthly resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through local churches. Church services are held regularly with key church members also coming in each week.</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>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
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<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates that training is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Annual satisfaction surveys have not yet been completed as the service had a change of ownership in January 2024, however post admission surveys are completed by residents who are newly admitted. All residents and family/whānau confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. 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. 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. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>Young people with disabilities (YPD) can maintain their cultural identity (including gender, religious, personal and sexual identity) as confirmed by young people interviewed. They also reported that during the assessment and planning processes they have opportunities to share what is important to them as part of the care planning process and that interventions are relevant to their needs as a younger person.</p>
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		<p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural competency to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during 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 and dignity. All residents and whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police vetting checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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 and family/whānau on admission. Quarterly resident meeting minutes identify feedback from residents and subsequent follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau/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 whānau/next of kin are kept informed, and this was confirmed through the interviews with whānau.</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. HCAs and the registered nurse interviewed described how they can assist residents who do not speak English, with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin 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 Health New Zealand specialist services (e.g., 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 regarding 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>FA</p>	<p>There are policies around informed consent. Resident files reviewed</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>included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for 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 family/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 where required.</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 service maintains a record of all complaints, both verbal and written on the complaints register. There have been 18 complaints in 2024 year to date since the new owners took over in January 2024. There has been one external complaint received in September 2024 via the Health and Disability Commissioner (HDC). The complaint related to a staffing issues with the complaint closed out in October 2024 with no actions required to be completed by the service. The complainant was happy with the outcome.</p> <p>The management team 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). Three other complaints were reviewed, and all were resolved in a timely manner to the satisfaction of each complainant.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality</p>

		<p>meetings. Complaints are a standard agenda item in all meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.</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>Arran Court provides care for up to 102 residents at rest home, and hospital (medical and geriatric), dementia level and residential disability (physical) levels of care. On the day of the audit there were 98 residents. Twenty-six residents were requiring rest home level of care including two using respite services, one on a Long-Term Service-Chronic Health Condition contract (LTS-CHC), and one Young Person with Disability (YPD). There were 52 requiring hospital level of care including one resident using respite services, six YPD, one ACC. All beds are dual purpose (rest home or hospital). There were 20 residents in the 20-bed secure dementia unit. All residents were under the aged related residential care (ARRC) agreement apart from those identified above.</p> <p>Arran Court was purchased and took over operational management in January 2024. There are two owners/directors, one of whom is the facility manager and one is the chief executive officer (CEO). The owners/directors are the governance, and they are on site most days. They also own other aged care facilities in the Auckland area. The CEO is a kaumatua of Ngapuhi, is a direct descendant of Hone Heke,</p>

		<p>can speak te reo Māori with elderly Māori residents or family/whānau and has a deep understand of tikanga. Cultural/spiritual beliefs/needs are identified on admission for each resident and form part of admission notes, care plan and interventions. The CEO is embedded in the workings of Ngapuhi and the facility manager has completed training around cultural safety, tikanga Māori and equity for Māori. Both described the application of Te Tiriti O Waitangi to service delivery.</p> <p>Arran Court has a current business quality and risk plan in place with clear goals to support their documented vision, mission, and values. The business quality and risk plan is scheduled to be reviewed annually and as goals progress. Evidence of review was sighted in the current plan. The values are documented along with the philosophy and mission statement. The model of care sits within this framework and incorporates the Māori concept of wellbeing – te whare tapa wha. The managers confirmed the plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and how it addresses barriers to equitable service delivery. There are community links who provide advice to the owners/directors to further explore and implement solutions on ways to achieve equity and improve outcomes for tāngata whaikaha. The working practices at Arran Court are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha.</p> <p>The facility manager has a bachelor's in nursing, master's in nursing, and over 10 years' experience working in aged care. The facility manager is responsible for clinical governance. They are supported by the clinical manager who has been in the role from January 2024 with five years previous experience as a clinical manager at a different aged care facility. Both have maintained at least eight hours annually of professional development activities related to managing an aged care facility. This includes cultural training, specific to te whare tapa wha and te ao Māori.</p>
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<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>Arran Court has an established quality and risk management programmes. These systems include performance monitoring through internal audits, and through the collection, collation, internal discussion and review of clinical indicator data. 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.</p> <p>The service contracts an external provider to develop and review policies and procedures with managers also providing input to ensure relevance to Arran Court. 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 any new policies or changes to policy are communicated to staff.</p> <p>There are regular management 'catch up' meetings held with the owners/directors, clinical manager and office manager engaged in the discussions during each week. There are monthly staff meetings which provide an avenue for discussions in relation to quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, clinical indicators, results of audits and surveys and education. Registered nurse (RN) meetings are also held two to three monthly. Corrective actions are documented when indicated to address service improvements with evidence of progress and resolution when achieved. Quality data and trends in data are posted, and accessible to staff in their staff room.</p> <p>The resident and family/whānau satisfaction survey is scheduled to take place in December 2024 noting that the owners/directors have only taken over the service in 2024. New residents do however complete a post admission survey with those who have completed these since January 2024 confirming that they have a high level of satisfaction with the service provided. The managers described ensuring that the satisfaction survey to be rolled out would include the provision of opportunities for young people to have their say and results would be specifically analysed to include feedback from residents identified as YPD. Young residents interviewed confirmed that there are ample opportunities for them to have input into service</p>
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	<p>delivery and stated that the managers and RNs were supportive, listened to them and actioned any ideas or managed concerns when these were raised.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all staff and quality and senior management meetings, with the facility manager undertaking the role of health and safety officer. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in January 2024 (sighted). Health and safety policies are implemented and monitored by the health and safety officer. The health and safety programme is reviewed and maintained regularly by the external contractor, and a copy of the policy is provided to all staff as part of their orientation pack. A trained health and safety representative supports each new staff member to understand their obligations in line with legislation and policy. A staff noticeboard keeps staff informed on health and safety issues. 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 accident/incident form. Well-being programmes include offering employees the employee assistance programme.</p> <p>Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in 15 accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviour, skin tear and pressure injury [now resolved]). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Next of kin are notified following adverse events (confirmed in interviews and documented as contacted on the adverse event report). Opportunities to minimise future risks are identified by the clinical manager who reviews every adverse event.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification completed to notify HealthCERT around police engagement following a complaint. There have been two outbreaks (one Covid-19 and one gastroenteritis) in 2024, both of which were appropriately managed, reported, and staff debriefed.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover.</p> <p>The management team are available Monday to Friday. They share an on-call roster with the RNs.</p> <p>Interviews with HCAs, RNs and the management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. 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 PPE, cultural safety and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Out of a total of 40 HCAs, 13 have achieved a level 4 NZQA qualification, 10 have achieved level 3, 4 have achieved level 2 and 13 have achieved level 1. All HCAs who work in the dementia unit have attained their dementia unit standards. There are five staff who are completing level 4 qualification, two enrolled in level 2 and one in the LCP (Limited Credit Programme) dementia programme.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. There are seven RNs and the facility and the clinical manager, and three RNs are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and</p>

		wellbeing activities.
<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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored in hard copy. Nine staff files reviewed (two RNs, clinical manager, four HCAs, one diversional therapist, and one cook) evidenced implementation of the recruitment process, employment contracts, police vetting checks and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals (e.g., RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). 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 programmes support RNs and HCAs to provide a culturally safe environment to Māori. Human resource records for staff who were employed by the previous owners are no longer available to the new owners/directors. Records of orientation and reference checks are not available however all have been interviewed by the incoming owners/directors as part of the transition to the new ownership and all have completed ongoing training in 2024. A review of training records confirmed that staff have specific education relevant to physical disability and young people with physical disabilities. This was also included in other more generic training where specific needs of younger people were identified.</p> <p>Ethnicity data is identified, and an employee ethnicity database is</p>

		<p>available.</p> <p>There is evidence of debriefing and follow-up action taken after any staff incident/accident with any debrief documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident files and the information associated with residents and staff are retained both electronically and in hard copy (kept in locked cabinets when not in use). 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 with an electronic resident management system in place. Records are uniquely identifiable, legible, and documented in a timely manner. Signatures that are documented include the name and designation of the service provider or are electronically tagged with staff names and date/time of entry.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. 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</p>	FA	<p>There is an entry 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 family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Exclusions from the service are included in the admission agreement. Family/whānau 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. The facility manager and clinical manager</p>

<p>about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</p> <p>The service has linkages with local Māori communities and there are Māori staff who are available to provide support for Māori residents and family/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>PA Low</p>	<p>Ten files were reviewed for this audit: four hospital files including one resident on younger person with a disability (YPD) contract and one ACC; three rest home files including one resident on a YPD respite contract and one LTS-CHC contract; and three resident files from the dementia unit. The registered nurses are responsible for conducting all residents' assessments, care planning and evaluation of care. Initial care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which includes cognitive function, continence and toileting, dietary needs, emotional, stress, relationship, behaviour, hygiene, mobility, transfer, falls risk, spiritual, cultural, and social needs, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.</p> <p>The electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled (apart from the respite resident contract where an interRAI and long-term care plan is not required) had been completed within three weeks of the residents' admission to the facility.</p>

	<p>The new management and clinical team have had to re-assess and re-document all resident's clinical information following the transfer of ownership less than one year ago. Access to previous resident information has not been made available by the previous owners and this has resulted in care plans not always detailing all care and support needs for the residents.</p> <p>For the resident on the YPD contract, appropriate risk assessments were completed that informed the care plan including medical, spiritual, cultural, and social needs. Care plans for younger residents evidenced choice and control. There was evidence residents and family/whanau are involved in care planning. Residents' preferences, routines, and community activities and all physical, social and medical needs were detailed. Younger residents with disabilities confirm they have choice and formulate their own goals. The principles of Enabling Good Lives are incorporated into their care plan.</p> <p>For Māori residents receiving care at the time of the audit, registered nurses had completed a Māori health care plan in association with the resident and family/whānau, that described the support required to meet resident's needs. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted general practitioner (GP) within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. The GP visits the facility twice weekly and provides out of hours service via phone. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service. The registered nurses demonstrated good assessment skills and that they were informed of concerns in a timely manner. A physiotherapist visits the facility weekly for up to four hours and reviews residents referred by the registered nurse. A speech language therapist, hospice, wound care nurse specialist and medical</p>
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	<p>specialists are available as required through Health New Zealand.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound care products are available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where required. There were nine active wounds. These included: four residents with three stage 2 pressure injuries, and skin tear, blister, scalp lesions and basal cell carcinomas. Referrals were completed to wound nurse specialists at Health New Zealand for complex wounds requiring specialist input. Recommended plans were incorporated into the wound management plans.</p> <p>HCA's interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by healthcare assistants and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the GP. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight, temperature and blood pressure were completed and are up to date. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Healthcare assistant interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. They stated that there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Neurological observations have routinely been completed for unwitnessed falls or those where head injury was suspected as part of post falls management. Analgesia was noted to</p>
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		<p>have been administered post falls as prescribed and as required.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are scheduled to be formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activities team is made up of the diversional therapist (DT) working 40 hours a week who is supported by one other activities coordinator (also working 40 hours a week) who cover across the various levels of care. There is always staff assigned to the dementia unit to support with the activity requirements of the residents. There is equipment left out for the healthcare assistants to access afterhours and weekends. The programme is planned monthly and there is a weekly programme placed on noticeboards in all areas and residents also receive their own copy.</p> <p>Activities include (but are not limited to) exercises; baking; crafts; games; quizzes; entertainers (monthly happy hour); crosswords; gardening; board gaming; hand pampering; and bingo. Residents also go out for walks. There is a weekly van drive scheduled for outings and visits to the library, shops, and cafes. There is a church services and bible study group each week. Residents join in the activities they can do. The DT meets with YPD residents and formulates a plan to meet their needs, which includes visits to the shops, arts and craft, computer games, visits and social leave with families and community engagements. The YPD residents interviewed stated they are involved in planning their own activities and have their own space for board games and socialising.</p> <p>There are distinct programs specific to dementia residents and the other for rest home and hospital level care residents. The dementia activities programme has activities adapted to encourage sensory stimulation and residents can participate in a range of activities that are appropriate to their cognitive and physical capabilities, including domestic like chores, linen folding, setting the table and music</p>

		<p>therapy. All interactions observed on the day of the audit evidenced engagement between residents, activities staff and healthcare assistants.</p> <p>There are currently Māori residents, and the service facilitates opportunities to celebrate Waitangi Day, Matariki, and Māori language week. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Staff provide ongoing support for the residents who identify as Pasifika. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as discussions, manicures, relaxation, and pampering.</p> <p>All activities are carried out in the communal lounges. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>There are resident meetings held monthly with family/whānau welcome to attend. Residents have an opportunity to provide feedback on activities and contribute to activity plans at resident meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</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>	FA	<p>The medication management policy, systems and processes meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. RNs and HCAs interviewed could describe their role regarding medication administration. Arran Court currently uses an electronic medication system, blister packaging for regular and short course medicine and pottles for pro re</p>

		<p>nata (PRN) medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication areas and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. Twenty electronic medication charts were reviewed, including those of the respite resident. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. Residents who wish to self-administer their own medication are supported to do so through an assessment procedure. There were no residents self-administering medication on the day of the audit. Pro re nata (PRN) medicines are administered as prescribed, with effectiveness documented in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical manager described how they 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. Education for residents regarding medications occurs on a one-to-one basis by the clinical manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</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>FA</p>	<p>All food and baking is prepared onsite. Meals are plated in the kitchen and transported in hotboxes to the dining rooms and dementia unit. Residents may choose to have their meals in their rooms and this is</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>serviced by the care staff.</p> <p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the chef interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal, and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and the service has a current food control plan. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is electronically monitored through an electronic platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the cook was familiar with the concepts of tapu and noa and described where the service has provided culturally appropriate meal services. A review of the menu evidenced that culturally appropriate meals are provided as well as meal choices. Snacks are available all day and special utensils are available to use.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. Residents and family/whānau interviewed stated that they were satisfied with the meals provided.</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 discharges or transfers are coordinated in collaboration with residents and whānau to ensure continuity of care. There is a policy and procedure documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers 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 registered nurses 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>One of the owner/ directors is the maintenance lead. There is a building warrant of fitness certificate that expires on 8 December 2024. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging (facility and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment is completed annually and next due 2025. Checking and calibration of medical equipment, hoists and scales is also due 2025.</p> <p>The facility is non-smoking. All corridors have safety rails that promote safe mobility. All rooms are single occupancy, have toilets and hand-basins, but some are shared between two rooms. There is one room with an ensuite. There are enough communal toilets and showers. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>The environment is inclusive of peoples' cultures and supports cultural practices. There is Māori Signage and cultural artwork.</p> <p>Care staff interviewed reported that they have adequate space to</p>

		<p>provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation and effective heating.</p> <p>The external courtyard and garden have seating and shade. There is safe access to all communal areas. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. Several lounges open out onto attractive courtyards. There are spacious dining rooms in each area.</p> <p>Dementia wing</p> <p>The dementia unit has 20 bedrooms with two entrances to the unit. Both entrances have been fitted with pin-code locks. A large lounge/dining area, sluice room, small quiet area, communal toilet and shower areas, and a secure nurse's station are in place. There are storage areas for linen and equipment.</p> <p>There are three doors for residents to enter and exit from the unit to the internal courtyard. There is outdoor furniture, raised gardens and shade in the internal courtyard. The indoor area is safe and allows for residents to move freely. All corridors have safety rails that promote safe mobility. The dining area provides a tranquil space with minimal noise coming from the kitchen.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>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. The emergency plan identifies the needs of all residents with disabilities including younger people.</p>

		<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed 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 back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. 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 always on duty.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells close by. 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.</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>The infection control coordinator and clinical manager oversee infection control and prevention across the service. The job description outlines the responsibility of the role. Infection control is linked into the quality risk and incident reporting system. Infection rates are presented and discussed at clinical and staff meetings. Infection control data is also reviewed by the management team and benchmarked quarterly against industry standards by an external provider. Infection control is part of the strategic and quality plans. The facility manager (owner) and CEO receive reports on progress, quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) monthly</p>

		<p>including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand.</p> <p>Hand sanitisers are strategically placed around the facility. Residents and staff are offered access to vaccinations as appropriate.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The infection control programme is reviewed annually by the management team, infection prevention and control committee, and infection control audits are conducted.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GPs, laboratory, and Health New Zealand infection control nurse specialist. The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. Sufficient quantities of PPE equipment are available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with them for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the</p>

		<p>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 pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment education. 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. Posters regarding good infection control practise were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager and CEO. The management team and infection control coordinator would liaise with their community iwi links should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to 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 an antimicrobial use policy and procedure in place. The infection control coordinator 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 clinical, staff and management team meetings. The facility manager (owner) and CEO are informed of any infection issues. 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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Arran Court infection control policies. Monthly infection data is collected for all infections based on</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>signs, symptoms, and definition of infection. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Infection control surveillance is discussed at clinical, staff and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator (in addition to external benchmarking) as displayed in meeting minutes. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been two outbreaks since the last audit. The facility followed their outbreak and pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks and families were kept informed by phone or email. Visiting was restricted.</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 securely on the cleaning trolleys, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed onsite by dedicated laundry staff. The laundry area was seen to have a defined clean-dirty workflow, safe chemical</p>

		<p>storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice and sanitiser equipment available, and the housekeepers interviewed were knowledgeable around systems and processes related to hygiene, infection prevention and control.</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 procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. An RN is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator and the clinical manager described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation (link to 3.2.3).</p> <p>Restraint assessment tools confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered. The resident and family/whānau are involved in restraint reviews. Staff who identify as Māori provide support and advice where required. Restraint data is reviewed by the owners (one of whom identifies as Māori).</p> <p>On the day of the audit, eight residents were using a restraint (bed rails and/or lap belts).</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings.</p>

		Training for all staff occurs at orientation and annually.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The restraint policy details the process for assessment. Completed assessment templates were sighted in three files for residents using restraint evidencing assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats., risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Arran Court policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings. Discussion with the restraint coordinator evidenced an in-depth consideration of alternatives and discussion with family and the resident.</p> <p>All restraints are reviewed and evaluated as per policy and requirements of the standard. Use of restraints is evaluated monthly as part of the clinical meetings and staff meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints.</p> <p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Staff monitor restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if</p>

		indicated. Data reviewed, minutes and interviews with staff (including RNs and HCAs), confirmed that the use of restraint is only used as a last resort.
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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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people’s lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent</p>	PA Low	<p>For Māori residents receiving care at the time of the audit, registered nurses had completed a Māori health care plan in association with the resident and family/whanau, that describes the support required to meet resident’s needs. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and relatives when developing care plans, so residents can develop their own pae ora outcomes. Younger residents with disabilities confirm they have choice and formulate their own goals. The new management and clinical team have re-assessed and re documented all resident’s clinical information following the transfer ownership less than one year ago; this resulted in care plans not always documenting all care</p>	<p>Two resident files for residents requiring dementia level of care documented that the residents exhibited behaviours of concern, however, interventions to manage the challenging behaviours were not well documented.</p> <p>One dementia level resident file for a resident with high falls was not reflective of the care interventions for falls minimisation currently being implemented.</p> <p>Three residents with restraint files documented that the resident had a restraint, however the risks and care</p>	<p>Ensure that care plans document the risks and care interventions needed for each resident.</p> <p>90 days</p>

<p>workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>and support needs for the residents.</p>	<p>associated with the restraint were not documented.</p>	
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.