

Palm Grove Limited - Palm Grove Rest Home

Introduction

This report records the results of a Provisional Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Palm Grove Limited
Premises audited:	Palm Grove Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 April 2022 End date: 4 April 2022
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:	13

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 tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

General overview of the audit

Palm Grove is owned and operated by Lifeline Agecare Limited and is certified to provide rest home level of care for up to 28 residents. On the day of audit there were 10 residents and three boarders.

This provisional audit was conducted against the relevant Health and Disability services standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, and management. The potential purchaser was interviewed.

The prospective owner of the service owns one other care facility and has extensive knowledge of the aged related residential care contract. The prospective owner will continue to implement existing systems with a transition plan in place should the sale go ahead on confirmation of this audit.

An experienced facility manager (registered nurse) oversees the service with an experienced registered nurse also on site. The facility manager is supported by the director (non-clinical) who is on site almost daily.

Policies, procedures, and processes have been established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit identified four shortfalls around monitoring food, refrigerator, and freezer temperatures; the call bell system; the fire emergency system and to wet areas.

Ō tatou motika | Our rights

Palm Grove provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a kaumātua who is available to provide support e.g. for blessings of rooms.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides support to residents in a manner that promotes independence, choice, and partnership with respect for their individual preferences and identity. 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

The director governs the service with daily communication with the facility manager. The facility manager reports directly to the director.

The business, quality and risk management plans include the mission, vision, and values statements with progress documented against goals. Goals are regularly reviewed at defined intervals.

The service has a continuous quality improvement programme in place that takes a risk-based approach to identifying issues and improving services. Residents, family, the director, and staff have input into the quality and risk management programme at regular intervals. Data is collated and discussed with corrective actions put in place to resolve issues as needed.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. All staff have an orientation and at least monthly training.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Residents are assessed by the need's assessment service coordination service prior to admission to determine the required level of care. There is an admission package available to residents and families prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The service has information available for Māori, in English and in te reo Māori.

The resident clinical files demonstrate service integration, and registered nurses review assessments and care plans on the resident's six-month anniversary. Short term care plans have been reviewed in a timely manner. Resident files are paper based and included medical notes by the general practitioner, and allied health professionals.

The activities coordinator provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. The registered nurses and medication competent caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked onsite in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The dining room has sufficient space and is appropriate for the residents' needs. The menu has been reviewed by a dietitian and meet the required nutritional values. Alternatives are available for residents and a current food control plan is in place.

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

The building has a current building warrant of fitness (BWOFF), which expires in August 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised, and communal facilities are appropriate. There are adequate numbers of toilets, and bathrooms conveniently placed throughout the facility. Residents stated privacy is provided. The facility is appropriately heated and ventilated.

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

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

A suite of infection control policies and procedures are documented. The pandemic plan has been developed with input from an external consultant and the local district health board. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The infection control coordinator (ICC) role is currently undertaken by the facility manager. The ICC liaises with representatives from all areas of the service. The ICC has access to a range of resources including GP, an external consultant, and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Staff are informed about infection control practises through meetings, and education sessions

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping shifts for caregivers, who provide all cleaning and laundry duties on those allocated days. 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

The registered nurse is the restraint coordinator. There are no restraints used at Palm Grove and the service is committed to continuing to maintain a restraint-free environment. The service would only use an approved restraint as in an emergency if that occurred and this would be documented as an incident.

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	24	0	2	1	0	0
Criteria	0	150	0	3	1	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There is a cultural awareness policy and a Maori health plan and cultural safety policy. The policies reference the whare tapa wha model. The policies provide a framework for the delivery of care which embeds Te Tiriti o Waitangi. One resident identifies as Maori at the time of the audit. The resident had a comprehensive assessment and care plan based on the whare tapa wha model. A kaumātua from the local community is available to provide cultural guidance, including training for staff, implementing specific customs e.g. blessing of rooms and supporting the facility manager as required.</p> <p>The facility manager states that they would actively encourage Maori to apply for roles in the service. There are no Maori staff in the service currently.</p> <p>Te Tiriti O Waitangi is incorporated across policies and procedures and the delivery of care. Residents and family/whānau are involved in providing input into each individual care plan, their activities, and their dietary needs. Interviews with the facility manager, two caregivers, the registered nurse, and one activities assistant described how care is based on the four cornerstones of Māori health 'Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents.</p>

		One of the potential purchasers of the company was interviewed and was able to articulate a commitment to Te Tiriti o Waitangi and they plan 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>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>On admission, all residents state their ethnicity, and this data is used in the analysis of adverse events, incidents, and infection rates. Cultural safety training has been provided to all staff in 2021 and in 2022. There are no residents who identify as Pacific. The facility manager and the registered nurse both identify as Tongan and bring the Pacific culture to the service. They both stated that they can provide cultural advice, support, and training as required. The facility manager interviewed stated that they can provide guidance for the development and implementation of a Pacific Health plan. The facility manager and registered nurse stated that family members of any resident who identifies as Pacific would be encouraged to be present during the admission process including completion of the initial care plan. The organisation is working towards the development of a Pacific health plan.</p> <p>The service is not actively recruiting new staff, but the facility manager stated that they would encourage and support any applicant that identified as Pacific through the employment process.</p> <p>Interviews with staff (care staff, one cook, one maintenance), six residents and documentation reviewed identified that the service has person centred and family centred approach to care and support. The potential purchaser interviewed is committed to developing a Pacific plan.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The facility manager (RN) or RN discusses aspects of the Code with residents and their relatives on admission. The Code is displayed at the entrance to the facility in English and te reo Māori. There are also pamphlets around the Code in Maori and English.</p> <p>Discussions relating to the Code are held individually and at the multidisciplinary meeting six monthly or as required. Discussions are also held at the resident/family meetings with these last held in 2021</p>

		<p>between periods of Covid pandemic lockdowns. The residents interviewed reported that their rights are being upheld by the service. Interactions observed by the auditors between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents on the residents' noticeboard and at the entrance to the facility. There are links to spiritual supports including links with church ministers.</p> <p>The caregivers interviewed described how they arrange their time during a shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation. This training is ongoing through the annual education and training programme which includes understanding the role of advocacy services (e.g. enduring power of attorney [EPOA]). Training for staff has been provided in 2021 and 2022.</p> <p>Māori independence (manamotuhake) is recognised by staff through their cultural training programmes. Māori cultural activities are individually tailored as per the resident's care plan with family/whānau providing support as required.</p> <p>The potential purchaser of the company was interviewed and was able to articulate the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff interviewed described how they support residents to choose what they want to do. This included choice of where to hang pictures, clothes to wear, food to eat etc. The residents interviewed (including one under a mental health contract) stated they had choice.</p> <p>Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A lifestyle plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The resident's care plan aligns with the four cornerstones of Māori health 'Te Whare Tapa Whā.</p> <p>Caregivers interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice over activities they participate in.</p> <p>Cultural identity is included in the cultural assessment, lifestyle plan, care plan, and overall goals.</p> <p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was</p>

		<p>observed that residents are treated with dignity and respect. Satisfaction surveys completed in June 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that they are aware of relationships that are formed during the residents stay.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>The vision, mission and values of the organisation are posted in English and te reo Māori. Staff are encouraged to use te reo Māori if they speak this.</p> <p>Cultural training was last completed in 2021 and again in 2022. The potential purchaser can describe how residents are to be treated.</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>An abuse and neglect policy is documented, and staff interviewed were able to describe what abuse and neglect meant, signs to look for this and what to do if they identified abuse or neglect. The policies in place identify processes to escalate any concerns or issues if these are identified in relation to discrimination, coercion, harassment, or any other exploitation as well as policies around professional boundaries. The service has a policy that was observed on the day around celebrating diversity. There were no incidents in the past year documented related to a lack of or breach of professional boundaries. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. The last training was provided in 2021 with care staff attending. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Residents interviewed confirmed that the care provided is excellent. One Maori resident had a detailed</p>

		<p>care plan that was documented using the whare tapa wha holistic framework.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct/house rules is discussed during the new employee's induction to the service.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The service and the potential purchaser plan on providing staff training around institutional and systemic racism so that an environment is promoted where it is safe to ask the questions around this.</p> <p>The potential purchaser was interviewed and understands responsibilities if abuse or neglect was to be identified. The interview with the potential purchaser confirmed that they had knowledge of processes and escalation of any issues including to external agencies if required. They also had a commitment to identifying any breach of professional boundaries, discrimination, coercion, or harassment and addressing this.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. One resident meeting was held in 2021 and this afforded residents an opportunity to discuss any issues. Currently there are a small number of residents in the rest home and residents and staff have decided not to continue with resident meetings at the moment (Covid pandemic processes have influenced this decision as well). Residents are able to discuss any issues directly with the facility manager, registered nurse, or any other staff as confirmed in interview with staff and the residents.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. All nine accident/incident forms reviewed since May last year confirmed that relatives were informed of each event. Relatives were not able to be interviewed on the day of audit.</p>

		<p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there was one resident who did not speak English. The activities coordinator identified as the same ethnicity and was able to interpret whenever that was required.</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 family are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident such as mental health services. The delivery of care includes a multidisciplinary team and residents/relatives provide consent and are communicated with in regard to services involved. The facility 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. The facility manager also confirmed that they were able to access interpreting services for Pacific through their own networks and other services through the DHB.</p> <p>The potential purchaser interviewed confirmed that they currently focus on communication with residents and family as being important for the quality-of-service delivery.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and</p>	FA	<p>There are policies around consent and informed consent. There are also tikanga guidelines however the service does not yet have a competency framework in place around best practice tikanga guidelines. Informed consent processes are discussed with residents and families on admission. Written general consents reviewed in five resident files were signed by the resident or their enduring power of attorney (EPOA). Specific consent were sighted for covid and influenza vaccinations.</p> <p>Advanced directives and/or resuscitation status are signed for separately by the competent resident. Copies of EPOA are kept on the residents file where required and activated where necessary. Care staff interviewed confirmed verbal consent is obtained when delivering care.</p> <p>Five resident files sampled have signed admission agreements on record.</p> <p>The potential purchaser does not plan on changing any practices related to informed consent. They confirmed that they would work</p>

<p>their ability to exercise independence, choice, and control.</p>		<p>towards putting a competency framework in place around best practice tikanga guidelines.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. There were two complaints logged in the complaint register in 2021 and none in 2022 (year-to-date). All complaints documented in the register were reviewed and both included evidence of an investigation, follow-up, and correspondence with the complainant. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted). Both complainants confirmed they were satisfied with the outcome of the complaint as per documentation in the complaints register. Discussions with residents confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can select to make a complaint or express a concern. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose. The Code is visible, and available in te reo Māori and English. The potential purchaser interviewed confirmed their understanding of the complaints policy and process as per the Code and stated that they would manage any complaints as per policy.</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,</p>	<p>FA</p>	<p>Palm Grove is an independent service with one owner/director. The service is certified to provide rest home level care for up to 28 residents. On the day of audit there were 10 residents requiring rest home level of care and three boarders. There is one resident under a mental health contract, with all others identified as requiring rest home level of care under the age-related residential care agreement (ARRC).</p> <p>The director is on site most days and communicates with the facility manager and staff. Any risks (potential or those identified) are discussed between the director and the facility manager in real time. There is a documented business plan (2021-2022) which includes the includes a mission, vision, and values along with goals for the business. This is reviewed annually prior to the next plan being</p>

<p>and sensitive to the cultural diversity of communities we serve.</p>		<p>documented. The director and potential purchaser plan to identify Māori representation to work with the team at a planning and practical level e.g. training for the director and staff.</p> <p>The director is provided with a verbal report daily from the facility manager that includes quality and risk with an overview of adverse events, health and safety, staffing, infection control, use of restraint (if this occurred) and other aspects of the quality risk management programme. Critical and significant events would be reported immediately to the director.</p> <p>An experienced facility manager (registered nurse) commenced duties in November 2021. They have over 20 years' experience in aged care. The facility manager works three days a week on site and is on call at all times. They are supported by a senior registered nurse who has extensive experience in aged care and who works two days a week on site.</p> <p>The company interested in purchasing the service has three directors. They have owned one other aged care facility for five years. One (interviewed) is currently a clinical manger (registered nurse) with five years' experience working in aged care services and a further 10 years working in the district health board prior to this. The second director is a diversional therapist in an aged care facility. The third director has experience in finance and would take on a role in maintenance of the property. A documented transition plan is in place. The takeover of the service is planned for 1 June 2022 based on the outcome of the audit and further negotiation with the current owner/director.</p> <p>Interview with the director and the potential purchaser confirmed a commitment to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. A cultural advisor/kaumātua, is already available for support and advice</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a</p>	<p>FA</p>	<p>Palm Grove implements the organisation's quality and risk management programme that is directed by the organisation's strategic and clinical governance frameworks. The quality and risk management plan 2021-2022 identifies that risk management programme. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions.</p>

<p>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>Monthly staff meetings provide an avenue for discussions in relation to quality and clinical data, health and safety, infection control/pandemic strategies, complaints received, staffing, and education. Meeting minutes are circulated to all staff. Any corrective actions are discussed at each staff meeting to ensure the outstanding matters are addressed.</p> <p>The June 2021 resident satisfaction survey showed a high level of satisfaction with the service provided.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. 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 with these reviewed in 2022. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place. An up-to-date hazard register were sighted. Health and safety policies are implemented and monitored at the staff meeting.</p> <p>Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for discussion at the staff meeting. Nine resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by the facility manager. Neurological observations are conducted for suspected head injuries, relatives were notified following incidents. Opportunities to minimise future risks were identified where possible.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has not been a requirement to report any adverse events to Health CERT, the DHB or any other external agency. HealthCERT has been notified of the new facility manager. There have been no outbreaks since the last audit.</p> <p>The potential purchaser interviewed has no plans to change any of the quality or risk management programme in terms of policies or plans currently in place. The reporting structure would inherently be the same although the facility manager would report to the directors of the new company if the sale of the site was successful.</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 and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support.</p> <p>The care staff hold a first aid certificate. Interviews with caregivers confirmed that staffing is adequate to meet the needs of the residents. The facility manager/RN is available three days a week and on call at all times. The registered nurse works two days a week on site. The facility manager is able to be replaced if on leave by the registered nurse and vice versa. There is one caregiver on each shift with shifts being from 9AM-5PM; 5PM to 1AM; 1AM -9AM. There is a handover at each shift. Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>There is an annual education and training schedule being implemented. Training is delivered by the gerontology nurse specialist or the facility manager. Staff attended all training offered in 2021 (monthly sessions provided). The 2022 training plan is well implemented.</p> <p>A competency framework is under development. Competencies are completed by staff including medication, hand hygiene, infection control, and fire and emergency training. A record of completion is maintained in each staff members files. The caregivers are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). At the time of the audit, there was one caregiver who had a level four qualification, one had completed a level three qualification and one was in training, one had a level two qualification, and one was in training. Staff including the registered nurse and facility manager have all maintained at least eight hours training per year with training provided by the DHB nurse specialists. The facility manager provides oversight of the registered nurse and caregivers.</p> <p>The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the up-to-date information around clinical and quality care. The facility manager is working to include literature on Māori health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers.</p> <p>The potential purchaser interviewed has no plans to change the roster</p>
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		<p>or staffing until there has been a review if the sale is successful. They also stated that they would continue working to establish environments that encourage collecting and sharing of high-quality Māori health information. The takeover of the service is planned for 1 June 2022 based on the outcome of the audit and further negotiation with the current owner/director.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Five staff files reviewed (the facility manager, three caregivers and the activities coordinator) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (e.g. RNs, GPs, pharmacy, podiatry). There is an appraisal policy. All staff who have 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 staff to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified for each resident and documented in the resident record.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p> <p>The potential purchaser interviewed has no plans to change the current human resource practices. The orientation and training programme would continue in its current form.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy only. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking) are routinely backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system.</p> <p>The potential purchaser does not plan to change the current way information is shared, retained, or stored. They would however notify staff of the change in ownership when this occurs.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The Prospective residents are screened by the facility manager (registered nurse).</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the resident back to the referrer and maintain data around the reason for declining. The manager described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/ decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The facility manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which goes to the owner, however, this report does not currently include ethnicity.</p> <p>At the time of audit, the service had fifteen vacancies. The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at Palm Grove which is available for families/whānau and residents prior to admission or on entry to the service. Admission agreements</p>

		<p>reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Palm Grove has a person and whānau-centred approach to services provided. Interviews with residents all confirmed they received comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implement supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There was one resident and no staff members identifying as Māori. The service currently engages with a local Kaumatua in order to further develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The care planning/interRAI guidelines and nursing assessment care plan/lifestyle plan policy guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. Short term care plan use is included in these policies.</p> <p>There are a suite of policies around clinical aspects of care including (but not limited to); continence, challenging behaviour, pain, personal hygiene, intimacy and sexuality, skin wounds, fall prevention, spirituality and grief, and cultural safety.</p> <p>Five resident clinical files were reviewed: four rest home, and one Māori resident on a mental health contract. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission.</p> <p>The registered nurse completes an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin, continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the residents' clinical file. Residents interviewed confirmed they were involved in</p>

	<p>care planning and decision making. The registered nurses interviewed describe working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Staff described how the care they implement an additional Māori health plan which is based upon 'Te Whare Tapa Whā and includes sections catering for the physical, spiritual, whānau, and mental health of the residents. This was evidenced in the clinical file of the resident who identified as Māori.</p> <p>The care plans reviewed were resident focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Residents have the choice to remain with their own GP, however the service contracts with the local medical centre whose general practitioner (GP) provides medical services to residents. The GPs visits for new admission assessments, scheduled three monthly reviews, and sees all residents of concern in addition to providing an out of hours on-call service. The GP was unavailable for interview at the time of audit. All GP notes are entered into the residents' clinical file. Allied health care professionals involved in the care of the resident included, (but were not limited to) physiotherapist, podiatrist, geriatric nurse specialist, and dietitian.</p> <p>Residents interviewed reported their needs were being met. Evidence of family members being notified of any changes to health in a timely manner was evidenced in the family/whanau contact form and progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to other allied health professionals takes place.</p> <p>The service had no current wounds; however, wound documentation was available and included wound care plans, wound assessments and a system for timely evaluations when required. The DHB wound nurse specialist and GP are available to have input into chronic wound management when and if required. Registered nurses have undertaken wound care training as part of the organisation's education plan.</p> <p>Caregivers interviewed stated there are adequate clinical supplies and</p>
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		<p>equipment provided including continence, wound care supplies and pressure injury prevention resources if needed. A continence specialist can be accessed as required. Monitoring charts included (but not limited to) weights, vital signs, weight, food, and fluid recordings, with all monitoring charts being implemented according to the care plan interventions.</p> <p>Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GP had reviewed residents three monthly. Short term care plans are regularly reviewed and if the issue is not resolved within three weeks, the short-term care plan is completed, and interventions were added to the long-term care plan. Long term care plans and interRAI assessments have been reviewed six monthly or if needs have changed prior than six months.</p> <p>Relatives are able to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurse report they routinely advise whanau of the six-monthly review and invite them to meetings along with the resident. Caregivers interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained in the residents' clinical file, are legible and clearly show the writer's designation. The potential purchaser states that there will be no changes to clinical care if the sale of the facility goes ahead.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activity coordinator who works 10 hours a week, planning and leading all activities. The activity coordinator holds a valid first aid certificate and is approved to drive the facility vehicle. There is a weekly programme given to residents, also available in large print should the resident require it. Residents have the choice of a variety of activities which are varied according to resident preference and need. These include exercises, movies, games, quizzes, and bingo. Sing songs are held in both English and te reo Māori with staff being assisted by the Māori resident. On audit it was evident that residents were keen to join in the activities on offer – their enthusiasm/active participation was well evidenced during the exercise and hoop throwing sessions viewed.</p> <p>There are regular outings in the facility's own vehicle and regular entertainers visiting the facility when Covid restrictions allow. Special events like birthdays, Matariki, St Patrick's, Mothers' Day, and Anzac</p>

		<p>Day are celebrated. There are visiting community groups such as the local Russian Orthodox church and pet therapy in line with current restrictions. Trips to the local Marae and other places of worship are also regularly organised.</p> <p>Residents have an activity assessment completed over the first few weeks following admission, that describes the residents past hobbies and present interests, career, and family. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p> <p>Residents interviewed reported that they enjoyed the activities offered, they were meaningful and tailored to their abilities. Time is made available for one-on-one with residents who choose not to be involved in the activity programme and/or require assistance to follow their individual interests.</p> <p>There are no plans to change the activities programme if the sale goes ahead.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management including self-administration. There were no residents self-administering on the day of audit, no standing orders in use and no vaccines stored on site. There was one medication storage area on site which was appropriately secured. The medication fridge and storage area had daily temperature checks recorded and were within normal ranges. Registered nurses or caregivers who have passed their competency, administer medications. Medication competencies are updated annually and include blood sugar recording. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>The facility utilises an electronic medication management system. Ten medication profiles were sampled. All charts had photo identification and allergy status documented. All medication records evidenced three monthly reviews by the GP. Prescribed medication is signed electronically after being administered as witnessed on the day of the audit. Effectiveness of 'as required' PRN medications administered were documented in the electronic prescription. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. All medication errors are reported and collated with quality data. All eye drops sighted in the medication trolleys were dated on opening. All medications no</p>

		<p>longer required are returned to pharmacy, there were no expired drugs on site on the day of the audit.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The registered nurses and management describe working in partnership with the current Māori resident to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>There are no plans to change the medication system if the sale is realised.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA low</p>	<p>The service has one main cook and is currently recruiting for a weekend cook. The cook has food hygiene certificate and oversees the procurement of the food in conjunction with the facility manager. There is a well-equipped kitchen, and all meals are cooked on site. The residents have their meals served directly from the kitchen into the adjacent dining room. Those residents choosing to eat in their rooms have meals taken to rooms on trays with covers to keep the food warm. Special equipment such as lipped plates are available. On the day of audit, meals were observed to be hot, well-presented and residents confirmed their satisfaction with the meals provided. Staff were observed assisting residents with their meal where required.</p> <p>The menu is displayed on a whiteboard in the dining room so residents can easily see what is on the menu for the day. All staff have an understanding of tapu and noa. Staff were observed were observed adhering to tapu and noa consistent with a logical Māori view of hygiene which aligns with good health and safety practices.</p> <p>The service has a current food control plan in place which was verified on 13 May 2019 and expires on 16 March 2023. The service has also been awarded a council 'A' grade rating due for renewal on 17 May 2022. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge, freezer temperatures and cooked meal were monitored for being within the safe limits, however these were not consistently recorded. The registered nurses complete a resident's nutritional profile on admission, which identifies dietary requirements and likes and dislikes, a copy is provided to the kitchen. This is reviewed six</p>

		monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by a contracted dietitian. The service plans to work with the dietitian and a cultural advisor to formulate menu options culturally specific to Māori. There are no plans to change the food service if the sale is realised.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The DHB 'yellow envelope' initiative is used to ensure the appropriate information is received on transfer to hospital and on discharge from hospital back to the facility. The registered nurse interviewed could describe how exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. Both nurses and caregivers interviewed could accurately describe the procedure and documentation required for a resident transfer out of, and admission into the facility.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA low	<p>The building holds a current warrant of fitness which expires 21 August 2022. The owner jointly looks after maintenance and gardening with a part-time employee who is contacted for fifteen hours per week. Contracted plumbers and electricians are available when required. Reactive and preventative maintenance systems are in place, with maintenance requests being placed in a maintenance book which gets signed off after completion of the required repair. All electrical equipment has been tested and tagged (next due June 2022) and clinical equipment has had functional checks/calibration undertaken annually. Hot water temperatures have been tested, recorded, and were within the acceptable range. The registered nurse and caregivers interviewed stated they had adequate equipment for the safe delivery of care.</p> <p>All rooms are single occupancy apart from three double rooms which are not currently occupied. Residents are encouraged to personalise their bedrooms as observed during audit. All bedrooms have a hand</p>

		<p>basin. All bedrooms and communal areas have ample natural light and ventilation. All heating is thermostatically controlled. Staff and residents interviewed, stated heating and ventilation within the facility is effective.</p> <p>The corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. There is a large lounge and separate dining room, library nook and a small seating area. The dining room, located directly adjacent to the kitchen and servery, has sufficient space, is inviting, and appropriate for the needs of the residents. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer group. Residents interviewed reported they can move around the facility and staff assisted them when required. Activities take place in the lounge. There are sufficient seating areas throughout the facility. The exterior is maintained with safe paving, outdoor shaded seating, lawn, and gardens.</p> <p>All residents' share communal showers. For those residents not having an ensuite toilet, there are sufficient numbers of resident communal toilets near resident rooms and communal areas. Residents interviewed stated their privacy and dignity are maintained while attending to their personal cares and hygiene. The communal toilets and showers are well signed and identifiable and include large vacant/in-use signs. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, flooring, and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers and utility areas having non-slip vinyl flooring. The majority of fixtures, fittings and flooring were of the appropriate standard; however, one shower area had vinyl wall coverings and paint that had deteriorated, potentially allowing the ingress of water.</p> <p>There are no plans to change the building or site if the sale is realised.</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>PA Moderate</p>	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months (last 2 Feb 2022) and there is a New Zealand Fire Service approved evacuation scheme dated 10 August 2006.</p> <p>Fire safety is completed with new staff as part of the health and safety induction and is ongoing. All shifts have a current first aider on duty. Staff interviewed confirmed their understanding of emergency</p>

<p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>procedures. Required fire equipment was sighted on the day of audit, checked by an external contractor within required timeframes; however, a resident was observed to be smoking in his room without setting off the ceiling mounted smoke detector. The service implemented a corrective action plan on the day of audit which included resident education, monitoring, and the fire contractors attending to service the detector</p> <p>There are adequate supplies available in the event of a civil defence emergency including water, food, and supplies (torches, radio, and batteries), emergency power and a gas BBQ is available on the premises as an alternate cooking source. The facility keeps sufficient emergency water for three litres per person, per day for at least 3 days for resident use on site. There is emergency lighting.</p> <p>Residents' rooms, communal bathrooms and living areas have either call bells or wall mounted telephones that connect to the staff phone; however, a shower and toilet area that was not in use at the previous audit were found to have no fixed call bell/phone system. Residents had been able to summon assistance through the use of hand-held bells and the service implemented a corrective action plan on the day of audit to fit fixed call bell points in those areas.</p> <p>The buildings are secure at night and security procedures are documented and implemented by staff. The facility car is registered and has a current warrant of fitness expiring January 2023.</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 annual infection control plan is developed by the facility manager and external consultant with input from specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document.</p> <p>The management team knows and understand their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities.</p> <p>The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid 19 guidelines and precautions, in line with current Ministry of Health recommendations.</p> <p>The infection control coordinator (ICC) is the facility manager (registered nurse) who has been in the role for six months and has a signed job description that outlines the role and responsibilities of the role. The registered nurse and external consultant support the infection control coordinator. Infection control is a standing agenda</p>

		<p>topic at staff meetings. The ICC logs each individual infection. Results and analysis of the data are collated each month, with trends being reported to the Director. The Māori health policy ensures staff are practicing in a culturally safe manner.</p> <p>The service has worked alongside the DHB and external consultant to develop their pandemic plan. There have been no outbreaks at Palm Grove since the previous audit.</p> <p>The potential purchaser states that there will be no changes to the infection prevention and control programme should the sale go ahead.</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>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the facility manager.</p> <p>The infection control coordinator (facility manager) provides an infection control report to the quality/staff meetings.</p> <p>External resources and support are available through an online learning portal, external specialists, microbiologist, GP, wound nurse and DHB when required. The GP, pharmacist and facility manager monitor the use of antibiotics. Overall effectiveness of the programme is monitored by the facility manager in conjunction with an external consultant.</p> <p>The ICC described utilising the DHB online training system (Ko Awatea) and Ministry of Health learn online sites. The ICC and registered nurse have completed online DHB infection control education which included (but not limited to) antimicrobial stewardship, standard precautions, and isolation procedures. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal protective equipment (PPE).</p> <p>Staff follow the Palm Grove/DHB/MOH pandemic policy which is available for all staff. All staff have been double vaccinated/booster and most residents are double vaccinated. Visitors are being asked to be double vaccinated prior to entry. All new residents are requested to be double vaccinated. Personal protective equipment is</p>

		<p>ordered through the MOH and stock balance is maintained to support any possible outbreak. Adequate PPE stocks were sighted in two internal storage areas, which are accessible to all staff.</p> <p>All equipment used for wound care are single use only. The service is working to update audits and policy to ensure reusable equipment such as blood pressure equipment, and hoists are wiped between use with hospital grade disposal wipes.</p> <p>This audit was undertaken during Covid19 red traffic light setting with limited visiting restrictions. All visitors and contractors must make an appointment, are required to produce a valid vaccine pass, and wear a mask while in the 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 antimicrobial use and infection control policy aims to reduce antimicrobial resistance, improve resident's outcomes and safety, ensure cost effective therapy, and raise staff awareness of the implications and risks associated with antimicrobial use. The policy is approved by the facility manager and is appropriate for the size, scope, and complexity of the service.</p> <p>The registered nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GP to access appropriate treatment. Each infection must meet specific criteria. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the registered nurse/ infection control coordinator, GP, the pharmacist, the resident, and their whanau. The GP is responsible for the diagnosis and treatment and the registered nurses are responsible for ensuring the optimal treatment is provided, and accurately documented in the resident's clinical file.</p> <p>All infections are logged on a combined infection/incident form, and a short-term care plan is implemented. These are collated monthly, fully analysed, and discussed at meetings. The infection control coordinator collates data around the type of infection, type of antimicrobial used and the duration of the treatment.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by</p>	FA	<p>The antimicrobial use and infection control policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control.</p> <p>Infection monitoring is the responsibility of the infection control coordinator. All infections are collated and analysed monthly. Any trends are identified, and corrective actions implemented. Outcomes are discussed at the quality/staff meetings. A monthly report is</p>

<p>ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>prepared and discussed with the Director. Ethnicity data is linked to the use of NHI numbers as identifiers for residents. Infection rates were noted to be low. The service does not currently benchmark externally.</p> <p>All staff and most residents have been received the required covid19 vaccinations. All visitors, entertainers and contractors are required to be double vaccinated</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There policies related to waste management, hazard management and the correct use of personal protective equipment.</p> <p>All laundry is done on site. All caregivers assist and share laundry/cleaning duties. The laundry is divided into a “dirty” and “clean” area. There is a laundry and cleaning manual and safety data sheets. Personal protective equipment is available. The standard of cleaning and laundry services are monitored through the internal auditing system. Cleaning equipment was attended at all times or locked away. All chemicals on the cleaner’s trolley were labelled. The laundry is kept closed when not in use with chemicals locked away when there is no one in attendance. A spills kit is available</p> <p>The caregiver allocated to cleaning/laundry duties on the day of audit was interviewed and found to be knowledgeable around infection control practice in those areas. Residents interviewed expresses satisfaction with the standard of cleanliness in the facility and the laundry service.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The restraint policy has been updated in 2022 and this states that if restraints were used, they must take into consideration cultural preferences, and effect on the residents’ mana. The organisation is committed to not using any restraint with this documented in the policy. Any use of restraint would be considered to be an incident and would be reported to the director immediately. The facility manager/restraint coordinator interviewed described their intent on maintaining a restraint-free environment. No restraints were in use. Training around the restraint policy is provided annually to staff and is part of the orientation programme.</p>

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 standard by looking at the code. For example, a 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 3.5.3</p> <p>Service providers shall ensure people’s dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	PA Low	There is a documented food control plan and policy which includes temperature monitoring requirements. Fridge, freezer, and cooked food temperatures were not consistently documented in the month of March 2022.	Kitchen fridge, freezer and cooked food temperatures were not consistently documented as being within the acceptable range and no corrective actions were documented when this occurs.	<p>Ensure kitchen fridge, freezer and cooked food temperatures are consistently documented as being within the required range, and where not, a corrective action is clearly documented and implemented as per policy.</p> <p>90 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The</p>	PA Low	The majority of fixtures, fittings and flooring were of the appropriate standard; however, one shower area had vinyl wall coverings and paint that was no longer fit for purpose.	One shower area (shower area 1) had vinyl wall coverings and paint that had deteriorated, potentially allowing the ingress of water. Since the draft report the service has advised that this	<p>Ensure all areas of the building are in a good state of repair and fit for purpose.</p> <p>90 days</p>

environment is inclusive of peoples' cultures and supports cultural practices.			has been fixed 10/4/22.	
<p>Criterion 4.2.2</p> <p>Service providers shall ensure there are implemented fire safety and emergency management policies and procedures identifying and minimising related risk.</p>	PA Moderate	<p>The service has documented policies regarding smoking and the required smoke/fire detection equipment; however, one resident was observed to be smoking in their room without the smoke detector activating. Staff actively and regularly check on the resident and stated that they constantly remind the residents that they must smoke outside in a designated area. They had been observing the resident smoking in designated areas. The issue around the resident smoking is documented in the care plan with strategies to mitigate the risk of the resident smoking in inappropriate places.</p>	<p>A resident was able to smoke in a no smoking area without activating the ceiling mounted smoke detector.</p>	<p>Ensure smoking is only carried out in the designated smoking area and that all smoke/fire detection equipment is in working order.</p> <p>30 days</p>
<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	PA Low	<p>While there are mechanisms for residents to summon assistance when required, there were no call bells in two resident wet areas.</p>	<p>There were no call bell points in shower room 1 and toilet 2 or other ways of summoning help. Since the day of audit the service has purchased portable call bells .</p>	<p>Ensure an appropriate call system is available in all areas of the facility</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, a 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 of this audit.

No data to display

End of the report.