

Heritage Lifecare Limited - Palms Lifecare

Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Heritage Lifecare Limited	
Premises audited:	Palms Lifecare	
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)	
Dates of audit:	Start date: 16 January 2023	End date: 17 January 2023
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:	111	

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 haumaruru | 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
	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
	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

Palms Lifecare provides rest home and hospital level of care. On the days of audit there were 111 beds occupied. There have been no changes to the buildings, service scope or size since the previous certification audit in 2021.

Significant changes have occurred within the facility senior leadership team. A new village and care home manager (VCHM) commenced the role two weeks before this audit in January 2023, the assistant manager took up their role in June 2022, the clinical service manager in October 2022 and the administration/household manager in March 2022. Other changes include implementing the previously approved use of dual-purpose beds in both buildings, so each area is a mix of hospital and rest home residents. There have also been a number of quality improvement projects implemented.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the service provider's agreement with Te Whatu Ora Health New Zealand, Counties Manukau. The audit process included a sample of policies and procedures, residents' and staff files, observations and interviews with residents, family/whānau members, senior managers, and a general practitioner (GP). All interviewees including residents and their family/whānau, were positive about the care provided.

This audit resulted in no non-conformances and two ratings of continuous improvement for elimination of restraint interventions and successfully reducing the occurrence of pressure injuries. The non-conformance about policies requiring review which was identified at the previous audit has been satisfactorily resolved.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

The provider actively recruits and maintains a Māori health workforce. There is a current Pacific plan underpinned by Pacific voices and Pacific models of care.


Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Te reo Māori and tikanga Māori is actively promoted throughout the organisation and incorporated through all activities. The needs of tāngata whaikaha are catered for and their participation in te ao Māori is enabled.

The organisation promotes an environment which is safe and free of racism. The service works collaboratively to support and encourage a Māori world view of health and provides strengths-based and holistic models of care aimed at ensuring wellbeing outcomes for Māori. The service provides appropriate best practice tikanga guidelines in relation to consent.

The complaints process aligns with consumer rights legislation. All closed complaints had been well managed and resolved to the satisfaction of the complainant.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governance board are kept informed by an executive leadership team and site managers who monitor organisational performance and ensure ongoing compliance. The board and all service delivery staff are focused on gaining improved outcomes and equity for Māori and tāngata whaikaha.

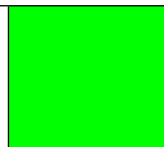
There were no perceived barriers to equitable services. Staff demonstrated knowledge and understanding of Te Tiriti O Waitangi, equity and cultural safety.

There is an effective documented and implemented quality and risk management system which includes management of internal and external risks and potential in-equities. Quality data, including adverse events, is regularly analysed to identify wanted any unwanted trends. Essential notification reporting occurs as required.

The organisation is focused on delivering high quality care for Māori and improving health equity. Staff qualifications are validated prior to employment. There are systems for confirming and developing staff competencies which includes providing ongoing learning and development.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.



Subsections applicable to this service fully attained.

The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and family/whānau and legal representatives to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

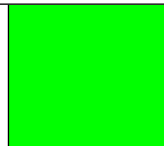
The planned activity programme promotes residents to maintain their links with the community and support community initiatives that meet the health needs and aspirations of Māori and whānau.

Medicines are safely stored and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Food culturally specific to te ao Māori is provided. Food is safely managed.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service fully attained.

The environment is safe and fit for purpose. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised and reflect cultural preferences. There is a current building warrant of fitness displayed.

Fire and emergency procedures are documented. Emergency supplies are available. All staff are trained in the management of emergencies. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The service ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship programme. The infection prevention nurse and the assistant manager coordinate the programme. A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There were COVID-19 infection outbreaks reported since the previous audit and these were managed effectively. There was a scabies infection outbreak on the days of the audit that was being managed well and on the last day of the audit a COVID-19 positive case was reported.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

Governance is committed to eliminating the need for restraint. This was achieved in August 2022, and there were no restraint interventions in place on the days of audit. The restraint coordinator is an experienced registered nurse.

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	22	0	0	0	0	0
Criteria	2	56	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The percentage of staff who identify as Māori, is the same as the percentage of Māori residents. Those staff interviewed confirmed that services were provided in a culturally safe manner, residents are treated with dignity and respect and that their mana is protected. Staff reported they have input into how services are developed and delivered. Their advice is sought and considered.</p> <p>Heritage Lifecare Limited (HLL) has a Māori Health Plan which guides care delivery for Māori using te whare tapa whā, and ensures mana motuhake is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori.</p> <p>The staff recruitment policy reviewed July 2021 is clear that recruitment will be non-discriminatory, and that cultural fit is one aspect of appointing staff. There is a diversity and inclusion policy in place reviewed July 2022 that commits the organisation to uphold the principles of Te Tiriti o Waitangi and to support HLL’s drive for staff to</p>

		have a beneficial experience when working in the service. Training on Te Tiriti is part of the HLL training programme. The training is geared to assist staff to understand the key elements of service provision for Māori, Pasifika and tāngata whaikaha, including self-determination (mana motuhake) and providing equity in care services.
<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>The HLL response to Pasifika works on the same principles as Māori. A culturally safe care policy and procedure has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services.</p> <p>HLL understand the equity issues faced by Pacific peoples and are able to access guidance from people within the organisation around appropriate care and service for Pasifika. Two members of the executive team who identify as Pasifika are able to assist the Board to meet their Ngā Paerewa obligations to Pacific peoples. There is a Pasifika plan which references Ola Manuia and was developed in partnership with Pasifika communities. There was a very low number of residents who identified as Pasifika on the days of audit. A number of staff identify as Pasifika. Those interviewed said culturally safe care was being delivered to people who identify with any of the Pacific Island groups.</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>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Residents care plans reviewed were resident centred and evidenced input into their care and choice/independence. The implemented Māori health plan identified how the service supports Māori mana Motuhake. Staff have completed cultural training which includes current issues and rights in relation to health equity for Māori.</p>
<p>Subsection 1.4: I am treated with respect</p>	FA	<p>The organisation orientation requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on</p>

<p>The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>		<p>Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the cultural safety policy sighted. Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori language week. Residents and family/whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The overall approach to care is strengths based and holistic, taking each resident's capabilities and potential into account including well-being goals for Māori. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents and family/whānau, regular meetings with residents and family/ whānau, and the complaints management processes. The interviewed residents, family/whānau and enduring power of attorney (EPOAs) confirmed satisfaction with the support being provided and they expressed that residents are treated fairly.</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. 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. 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>	FA	<p>Residents' records reviewed evidenced that consent was obtained as part of the admission process with admission agreement and informed consent forms signed by residents, family/ whānau or their legal representatives. Staff were observed to seek consent from residents for personal care tasks. Staff understood the tikanga best practice in relation to consent. Interviewed residents confirmed that staff seek consent appropriately.</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 policy and associated forms complied with Right 10 of the Code. Information on the complaint process is provided to residents and their whānau/families on admission. Residents and whānau interviewed who had raised concerns or complaints, were complimentary about the responsiveness of staff. They also said their concerns were taken seriously. Information regarding the complaints process is openly displayed and is available in te reo Māori. Residents who identified as Māori said they were comfortable raising complaints or concerns if needed. All interviewees confirmed they have had the complaints procedure explained to them and that they knew how to make a complaint if required. Staff were aware of their responsibility to record and report any resident or family/whānau complaint they may receive.</p> <p>The complaints register and associated documents reported seven complaints and concerns received and managed in the past 12 months. Documentation related to each complaint/concern revealed that all matters had been fully investigated, and actions had been taken through to an agreed resolution within acceptable timeframes. One matter involved the local office of the Nationwide Health and Disability Advocacy service. This had been closed with a satisfactory outcome for all parties involved.</p> <p>The funder had asked for feedback about how Palms lifecare had learned from a complaint which had been submitted to the Office of the Health and Disability Commissioner (HDC) in August 2020. The HDC closed the complaint on 22 January 2022. Senior clinical staff have strengthened communications with family by implementing a seven day post admission phone call to families to let them know how their loved one was responding to their new home, then a formal family meeting one month after admission to share the care plan and six-monthly family meetings/review thereafter. Families interviewed were satisfied with the frequency and content of communication from the care facility staff.</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>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, infection prevention and control). HLL utilise the skills of staff and senior managers and support them in making sure barriers to equitable service delivery are surmounted.</p> <p>The directors of HLL have undertaken the e-learning education on Te Tiriti, health equity, and cultural safety provided by the NZ Ministry of Health.</p> <p>The service holds contracts with Te Whatu Ora Counties Manukau for rest home, hospital, respite, long term support chronic health conditions (LTSCHC) and primary options for acute care (POAC) and residents on accident compensation corporation (ACC) contracts. There were 111 residents on the day of audit; 47 were assessed as rest home (including two respite) and 64 as hospital level care residents. One of the hospital residents was under 65 years of age and classified as LTS-CHC. One other was ACC funded.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and accidents, complaints, audit activities, a regular resident satisfaction survey, monitoring of outcomes, clinical incidents including any infections, falls, skin tears, wounds, challenging behaviour, and pressure injuries.</p>

<p>on achieving Māori health equity. 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>Quality improvement projects had been implemented to; eliminate restraint, reduce the frequency of falls, reduce the occurrence of urinary tract infections, prevent the development or worsening of pressure injuries and improve communication with families. These initiatives showed encouraging signs of success.</p> <p>Meeting minutes confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the monthly management quality and staff meetings. Staff reported their involvement in quality and risk management activities through audit activities and by being kept informed about trends in quality monitoring. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family members interviewed expressed positive views on the staff and services provided. The Regional Manager, CHVM, Clinical Services Manager (CSM) and Assistant Manager (AM) confirmed that any identified deficits in service delivery or concerns raised by residents or family/whanau are followed up using the corrective action process. This was confirmed in documentation sighted.</p> <p>The previous non-conformance (from NZS 8134:2008 Criterion 1.2.3.4) related to review of policies had been addressed A sample of policies selected were confirmed as current and these covered all necessary aspects of the service delivery and contractual requirements. The document control system for policies and procedures is managed by the company's support office. Obsolete documents are removed from the system and can be retrieved if needed.</p> <p>Senior management interviewed described the processes for the identification, monitoring and reporting of any risks and development of mitigation strategies.</p> <p>The management team are fully informed and familiar with the Health and Safety at Work Act (2015) and the requirements have been implemented. The service has a health and safety team who actively</p>
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		<p>maintain, and review all known and newly identified hazards and risks. The maintenance manager interviewed is very involved in health and safety and civil defence processes for the service and ensures the hazard registers are maintained and are current for each area of service delivery.</p> <p>The service provider understands and enacts essential notification reporting as required. This was confirmed by review of the 18 section 31 notifications submitted in 2022. Appropriate notifications about positive Covid 19 and scabies infections had been made to Te Whatu Ora Counties Manukau.</p> <p>HHL are establishing systems and methods for improving health equity by analysing organisational practices. All providers within Te Whatu Ora Counties Manukau have access to a by Māori for Māori health service that supports providers and their Māori residents in the provision of high-quality care/ service delivery and to develop a whānau centred service. Local tikanga is followed and respected in all aspects of service delivery.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Interviews with residents and whānau revealed that staff work in ways to deliver health care that is responsive to the needs of Māori. Staff said they are encouraged and supported to use te reo with Māori residents.</p> <p>The service used to employ 16 RNs and now has 11 which includes the Clinical Services Manager (CSM) and Assistant Manager (AM). There has always been at least one registered nurse (RN) on site and rosters showed that a sufficient number of medicines competent senior care staff were on each shift. The unit coordinator was working on the floor during this audit and where needed the CSM and AM were back filling shift shortages. Adjustments to rosters had been</p>

	<p>made to accommodate the presence of hospital level care residents in both buildings. Whereby the facility used to be differentiated into a rest home wing and two levels of hospital wings, there is now a mix of residents in each area/building. For example, the previous rest home wing which has capacity for 56 residents, had 19 hospital level care residents on the days of audit. This area has a maximum 20 rooms approved as suitable for hospital care. There is always at least one RN on shift 24 hours a day in each building. In addition, there were five care staff allocated in each of the three wings for morning and afternoon shifts, which included one short shift, and two care staff in each wing at night plus one RN.</p> <p>Residents and whānau interviewed said that staff were always attentive to their needs and that call bells were answered within a reasonable time. This was observed during the audit. Allied staff were allocated sufficient hours to meet residents' needs and provide smooth service delivery seven days a week. Three activities staff are on site Monday to Friday. Designated cleaners carry out housekeeping duties seven days a week. Laundry services are carried out daily and there were sufficient kitchen staff providing meal services.</p> <p>Continuing education for staff is planned annually to support equitable service delivery. All RNs and senior care staff were maintaining current first aid certificates so there was always a first aider on site. Senior care staff (level 4) were assessed as competent to administer medicines. The 2022 in service training programme had focused on preventing pressure injuries and skin care, infection prevention related to COVID-19 and its variants, including donning and doffing of personal protective equipment (PPE). Other mandatory topics such as handwashing, wound management, manual handling and safe transfer, residents' rights, cultural safety and equity, restraint minimisation and management of incontinence had taken place. The staff education plan for 2023 was documented and the service has goals related to increasing staff attendance.</p> <p>Care staff had either completed or commenced a New Zealand</p>
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		<p>Qualification Authority education programme to meet the requirements of the provider's agreement with their funder. Records reviewed demonstrated that of the 59 caregivers employed, 36 had completed level 4 or higher of the National Certificate in Health and Wellbeing, 14 had achieved level 3, and seven had achieved level two. Twelve care staff were not qualified and enrolled to commence education or were already sufficiently experienced.</p> <p>The service supports people's right to speak their own language, endorses tikanga and supports connections to iwi, hapū, and whānau. Staff who were fluent in te reo and Pacific islands language were observed using this to converse with residents and activities staff were overheard opening a residents meeting using multiple languages. Reading material related to health equity has been distributed to staff and in-service education on this topic is ongoing. The organisation is using health data to demonstrate equity and monitor outcomes for Māori residents.</p> <p>Ten of the 11 RNs were accredited and maintaining competencies to conduct interRAI assessments. The staff records sampled demonstrated completion of the required training and competency assessments.</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>Interviews with senior management and review of personnel records showed that the recruitment process included credentialing of qualifications, prior to on site interviews and that reference checks and police vetting occurred before commencement of employment.</p> <p>Staff records sampled confirmed the organisation's policies were being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept to confirm all regulated staff and contracted providers had proof of current membership with their regulatory bodies. For example, the New Zealand (NZ) Nursing Council, the NZ Medical Council, pharmacy, occupational therapy,</p>

		<p>and other allied health service providers.</p> <p>Personnel records sampled were accurate and stored in ways that were secure and confidential. The organisation was identifying and recording staff ethnicity. There was a diverse mix of staff employed.</p> <p>All new staff had engaged in a comprehensive orientation programme, tailored for their specific role. This included being allocated to a peer/buddy for at least three shifts which is followed up by a three-month post-employment appraisal with the facility manager and clinical manager and then annually thereafter.</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>	FA	<p>Palms Lifecare and Village maintains a record of the enquiries and those declined entry. Routine analysis of entry and decline rates including specific data for Māori has been implemented at the organisational level. Links with Māori communities and organisations have been established with a Māori advocate visiting the service regularly for the benefit of Māori residents and whānau. Additional support can be accessed through Te Whatu Ora Counties Manukau if required.</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>	FA	<p>The RNs complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Staff have completed education on Māori mana Motuhake and achieving equity in health outcomes and compliance with Te Tiriti o Waitangi requirements in Ngā Paerewa. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate</p>

		<p>interventions were documented. All RNs have received training in care planning processes. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. Residents, family/whānau or enduring power of attorney (EPOAs) confirmed being involved in the assessment and care planning processes.</p> <p>Care planning for Māori residents includes accessing cultural advice if required. Residents and their whānau/family are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori Health Plan was developed in consultation with a cultural advisor. The Māori health care plan used supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The Māori health care plan includes the four cornerstones of Māori health (Te Whare Tapa Whā model of care) and Māori healing methodologies, such as karakia, rongoa and spiritual assistance. The long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau as applicable to support wellbeing. Tikanga principles are included within the Māori Health Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. Staff understood the process to support residents and whānau. Interviewed residents and family/whānau confirmed satisfaction with cultural support provided by the service.</p> <p>Residents' strengths, whānau goals and aspirations were documented in the care plans reviewed. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. A quality improvement project in relation to reducing pressure injuries has been implemented and is ongoing. A rating of continuous improvement rating has been awarded for reducing pressure injuries in criterion 3.2.4.</p>
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	<p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Any changes in residents' health were escalated to the general practitioner (GP) and nurse practitioner (NP). Referrals made to the GP and NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP confirmed satisfaction with the care being provided.</p> <p>The service has contracted a new medical service provider over the last three months who provides medical services three times per week. They provide two onsite visits and one virtual consultation if required. Medical assessments were completed by the GP and NP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evidenced in sampled records. Referrals to specialist services were completed where required with the resident or EPOA's consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the care staff. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. Stop and watch communication tool has been implemented for staff to record noted residents' health concerns. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided, and in accordance with the</p>
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		residents' needs. Residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.
<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>	FA	<p>Opportunities for Māori residents to participate in te ao Māori include celebration of Waitangi Day and Matariki with a discussion and quiz held about Matariki and its meaning to Māori people. The Māori language week was celebrated with Māori music played. Multicultural days are observed with all cultures for residents and staff celebrated. Residents are taken out for outings into the community by their family/whānau and family can visit the residents in the facility. Staff were observed greeting residents who identify as Māori in te reo. Residents and family/whānau for residents who identify as Māori expressed satisfaction with the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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 implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. Two RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and NP. Over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for as required (pro re nata PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication</p>

		<p>was stored safely in locked medication rooms and trolleys. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when residents are transferred back to the service. All medicines in the medication rooms and trolleys were within current use by dates. Clinical pharmacist input was provided on request and six-monthly. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Controlled drugs are audited regularly by the pharmacist.</p> <p>Residents and their family/whānau are supported to understand their medications when required. Appropriate support, and advice for treatment for Māori was provided where required. There were no residents who were self-administering medications. Appropriate policies and procedures are in place to ensure that this is managed in a safe manner when required.</p> <p>There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Regular medication audits were completed with corrective action plans implemented, as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau where applicable. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The current template food control plan issued by Auckland City Council expires on 4 October 2023. The summer menu in use includes culturally appropriate Māori food options. Family/whānau are welcome to bring culturally specific food for their relatives if desired. The interviewed residents and family/whānau expressed satisfaction</p>

		with the food options provided.
<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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents and their family/whānau or EPOAs where applicable. Family/whānau reported being kept well informed during the transfer of their relative. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation was evidenced in residents' transfer records reviewed.</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>	FA	<p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There was a current building warrant of fitness.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau would be consulted and involved in the design of any new buildings but this has not been required to date.</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>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff had been trained and knew what to do in an emergency. The most recent fire drill occurred on 31 August 2022. The fire evacuation scheme had been approved by the New Zealand Fire Service in 2007.</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>There have been no changes to the physical layout of the building which would require a review of the fire evacuation scheme.</p> <p>Appropriate security arrangements were in place.</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 pandemic and outbreak management plan in place is reviewed at regular intervals. It was last updated in January 2023. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required. At the time of the audit, there was scabies outbreak in one level of the hospital side and one Covid -19 positive case in the rest home side. Appropriate measures were adopted to minimise spread of infection.</p> <p>Culturally safe practices in IP that acknowledge the spirit of Te Tiriti were included in the Māori Health Plan and staff were aware of them. The RN reported that consultation for IP requirements is completed with the residents' family/ whānau for residents as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori were available.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>All infections were recorded electronically. Infection data is collated and analysed to identify any significant trends or common possible causative factors monthly and action plans are implemented. Standardised infection criteria guidelines are used. Surveillance includes ethnicity data. The infection prevention nurse is supported by the assistant manager at site level. The IP nurse's responsibility is documented in their job description. The infection prevention nurse reported that culturally safe processes for communication is provided as required. Family contact records in relation to infection notification were evidenced in the progress notes. The interviewed residents and family/whānau expressed satisfaction with the communication provided. There were infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.</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>HLL is committed to a restraint free environment in all its facilities. There are strategies in place to eliminate restraint, including an investment in equipment to support the removal of restraint (e.g., sensor mats, use of low/low beds and focused staff education).</p> <p>The board clinical governance committee is responsible for the HLL restraint elimination strategy and for monitoring restraint use in the organisation.</p> <p>Documentation confirmed that restraint is discussed at board clinical governance level and presented to the board.</p> <p>The restraint coordinator role is allocated to one of the full time registered nurses. The role is documented and described as providing support and oversight for all restraint management. Records showed that staff attended ongoing training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The Palms had succeeded in discontinuing all restraint use by August 2022. Refer criterion 6.1.1 for rating of continuous improvement.</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 subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are</p>	CI	<p>The service has implemented a quality improvement initiative in relation to pressure injury management for better health outcomes for residents. The service identified that there was poor identification and reporting of impaired skin integrity. In July and August 2022, there were 22 pressure injuries reported with 1 at stage 4 and 5 unstageable.</p> <p>Comprehensive education sessions in wound management were held with the RNs and a wound management competency assessment was completed for all RNs. Care staff completed education on skin care and management. Following the training staff have reported confidence and increased knowledge in skin management.</p> <p>Weekly skin assessment for all hospital level residents is completed by the RNs. The care staff were required to monitor residents’ skin during</p>	<p>This quality improvement initiative was successfully implemented in 2022 to 2023 have resulted in improved outcomes for resident’s health and safety and increased safety and satisfaction for staff.</p>

documented.		<p>personal cares and report any concerns to the RNs using the stop and watch reporting tool. Regular repositioning of residents at risk of pressure injuries was implemented and monitored closely by the RNs. More pressure relief equipment including air mattresses, pressure relief cushions and heel booties were purchased to support with pressure relief. The wound care specialist nurse and the GP/NP are involved in the management of the residents.</p> <p>In January 2023, there are now 8 pressure injuries with a marked improvement reported. The other 14 have healed. Interviews with residents who had pressure injuries that healed verified that residents feel relieved and comfortable. Those who still have pressure injuries stated that the wounds are getting better and have confirmed satisfaction with the plan of care in place.</p>	
<p>Criterion 6.1.1 Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	CI	<p>The service provider had identified the goal of eliminating restraint use. This was documented as a quality improvement project and was reviewed and evaluated at each stage of implementation. Residents who were using bed rails were reassessed for risks and new strategies were implemented to safely allow the removal of all bed rails by August 2022. Documentation revealed a progressive and planned approach to removing restraint interventions which included staff education, residents and their whānau /families being involved and informed and regular monitoring and reporting by staff on all shifts. The number of restraints in use decreased from eight to one over a period of two months and finally zero. There were sufficient supplies of alternative equipment and strategies to prevent the use of restraint on site. These include high/low electric beds, sensor mats, comfort chairs, bed wedges, hourly</p>	The Palms have succeeded in discontinuing all restraint use.

		rounding and stop watch reporting.	
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End of the report.