

Auckland Healthcare Group Limited - Palms Home & Hospital

Introduction

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

The audit has been conducted by 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: Auckland Healthcare Group Limited

Premises audited: Palms Home & Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 19 April 2023 End date: 19 April 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: 36

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.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Palms Home and Hospital provides rest home and hospital level care for up to 44 residents. At the time of the audit there were 36 residents in total.

This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – Counties Manukau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, management, staff, and a general practitioner.

The operations manager has been in the role for thirteen years, is a registered nurse and is supported by a clinical nurse manager, registered nurses, experienced caregivers, and administration staff. The operations manager is supported by two managing directors who are the owners. The residents and relatives interviewed spoke very positively about the care and support provided.

There were no areas for improvement identified at the previous certification audit.

This audit did not identify any areas requiring improvement.

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.

Palms Home and Hospital provides an environment that supports resident rights and cultural safe care. A Māori health plan is in place. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The business plan informs the operational and clinical objectives which are reviewed on a regular basis. Palms Home and Hospital has a well-established quality and risk management system that is directed by the operations manager, with support from the two managing directors. Quality and risk performance is reported across staff meetings and to the managing directors.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational

staffing policy aligned with contractual requirements and included skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

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.
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The clinical manager and registered nurses are responsible for each stage of service provision. The care plans reviewed evidence assessment, planning and review of residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration and are reviewed at least six-monthly. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

An activities programme is implemented that meets the needs of the residents.

Residents' food preferences, dietary and cultural requirements are identified at admission and all meals are cooked on site.

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.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. There is an approved evacuation scheme and emergency supplies for at least three days. Appropriate security measures are implemented.

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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There is a comprehensive pandemic plan in place. Adequate supplies of personal protective equipment were sighted. A monthly surveillance infection control report is completed, and analysis and benchmarking occurs. The report is communicated to staff via staff meetings and to the two managing directors. The service has had one Covid-19 outbreak in 2022 which documented and managed well.

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.
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Restraint minimisation and safe practice policies and procedures are in place. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. On the day of audit, the service had four residents using restraint.

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	0	59	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>	FA	<p>The operations manager confirmed that the service supports a Māori workforce, with a proportion of staff identifying as Māori (or having whānau connections) at the time of the audit. The facility has a key relationship and support with a local kaumātua, kuia and tohunga from Te Kaahui Ora Māori Health Service. Any barriers identified are communicated by the operations manager to Te Kaahui Ora Māori Health Service and reported to the managing directors to ensure these can be addressed.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	FA	<p>The service partners with Pacific organisations to provide guidance. The Pacific health plan is implemented. At the time of the audit, there were staff who identified as Pasifika. The service can also access the Ministry of Health Pacific Health and Disability Action Plan for any cultural advice or support.</p>

<p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Māori independence (mana motuhake) 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. All residents are encouraged to determine their own pathway and journey with independence promoted for each individual. This was confirmed in interviews with four relatives (one rest home and three hospital), and five residents (two rest home and three hospital).</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo. The staff noticeboards contain information on Māori tikanga practice. Interviews with eight care staff (four caregivers, one registered nurse, the clinical coordinator, one diversional therapist and one activities coordinator), and the operations manager confirmed their understanding of tikanga best practice with examples provided. Cultural training is also included in the orientation programme for new staff. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori; facilitating staff, resident and tāngata whaikaha 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.</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</p>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct within their contract process. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. A strengths-based and holistic model is</p>

<p>safe and protected from abuse.</p>		<p>prioritised to ensure wellbeing outcomes for all residents including Māori, as evidenced in care planning, policies, the Māori health plan, and the Pacific Health plan. At the time of the audit, there were residents who identified as Māori and Pasifika. Staff interviewed stated the workplace had a positive culture supported by management.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making where the person receiving services wants them to be involved. Discussions with relatives and documentation sighted confirmed that residents and relatives are involved in the decision-making process, and in the planning of care. The operations manager (who is a registered nurse), registered nurses (including the clinical coordinator) and caregivers, interviewed were knowledgeable around tikanga practices in relation to consent.</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 an equitable process, provided to all residents and relatives on entry to the service. The operations manager maintains a record of all complaints, both verbal and written in a complaints' register. There has been one Health and Disability Commissioner (HDC) complaint lodged in October 2021. The facility answered the HDC request for information and HDC closed the complaint in August 2022. The facility has had no internal complaints since the previous audit. Documentation of the HDC complaint including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by HDC. The complaint was documented as resolved. No trends have been identified. Discussions with relatives and residents confirmed they are provided with information on the complaints process.</p>

		<p>Complaints forms and a suggestion box are located in a visible location at the entrance to the facility. Families/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including the resident and family/whānau meetings which are held annually. Interviews with the operations manager confirmed their understanding of the complaints process.</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>Palms Home and Hospital provides care for up to 44 residents at rest home and hospital level care. On the day of audit there were 36 residents in total.</p> <p>There are 34 hospital beds and 10 rest home beds over one level. On the day of audit, there were ten rest home residents, including four residents under long-term support - chronic health contracts (LTS-CHC). There were 26 hospital residents, including two LTS-CHC contract residents. All other residents were on the age-related residential care contract (ARRC).</p> <p>The two managing directors of Palms Home and Hospital are the owners. They own two other aged care facilities. The facility has a key relationship with Te Kaahui Ora Māori Health Service who can provide kaumātua, kuia and tohunga services. A Māori cultural advisor advised on policy development to ensure policies and procedure represents Te Tiriti partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The operations manager reports on any barriers to the owners and consults with Te Kaahui Ora Māori Health Service to ensure these can be addressed. The clinical nurse manager, the clinical coordinator, and registered nurses work in consultation with residents and whānau, on input into reviewing care plans and assessment content to meet resident’s cultural values and needs.</p> <p>The managing directors and the operations manager developed the business plan. The plan includes operational and clinical objectives. Progress on goal achievement is assessed monthly by owners and the operations manager.</p> <p>The operations manager (who is a registered nurse) has been in the role for 13 years. They are supported by a clinical nurse manager,</p>

		<p>who has been in the role for ten months and has previous experience in aged care. The operations manager reports there is a stable team of RNs, caregivers, and administration staff. The clinical nurse manager was not present during the audit.</p> <p>The operations manager and clinical nurse manager have attended training over eight hours over the past year appropriate to their role.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Palms Home and Hospital is implementing their quality and risk management programme. Quality goals for 2023 are documented and progress towards quality goals is reviewed regularly at management meetings between the operations manager and the managing directors. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data is collated and analysed by the operations manager and the clinical nurse manager. Data is comparatively benchmarked monthly against previous twelve months data and trends identified if there are any to initiate quality corrective actions. Results are shared in monthly staff meetings and with the managing directors. Monthly staff meetings include (but are not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education are discussed.</p> <p>Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. The corrective actions are discussed at meetings to ensure any outstanding matters are addressed with sign-off when completed. At least one managing director attends staff meetings. The resident satisfaction survey completed in May 2022 demonstrate high satisfaction levels with care.</p> <p>All resident incidents and accidents are recorded, and data is collated. Twelve accident/incident forms reviewed evidenced immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in staff meetings and at handover. Each event involving a</p>

		<p>resident reflected a clinical assessment and follow up by a RN. Neurological observations were consistently recorded when required. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager and the operations manager.</p> <p>An RN is the health and safety representative. The health and safety committee meet monthly and have all members completed health and safety training. Health and safety is discussed at all facility meetings. The hazard and risk register is current and is reviewed three-monthly.</p> <p>Discussions with the operations manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one Section 31 notification submitted for a resident absconding. There has been one Covid-19 outbreak in August 2022, which was notified appropriately to Public Health authorities.</p> <p>The operations manager and clinical nurse manager ensure policy and procedure within the care home that represents Te Tiriti partnership and equality are implemented. Staff have cultural training that aligns with the Māori health plan to ensure delivery of high-quality health care for Māori.</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.</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>A policy is in place for determining staffing levels and skills mix for safe service delivery and defines staffing ratios to residents. Rosters implement the staffing rationale. The facility covers rest home and hospital levels of care. The operations manager and the clinical nurse manager work full time and the clinical coordinator covers weekends. The clinical nurse manager and the operations manager (RN) cover clinical on call 24/7. The operations manager is available for non-clinical calls.</p> <p>There are currently five RNs working at the facility. Two RNs are interRAI trained (the clinical nurse manager and the operations manager). There is an RN on each shift and all staff have a first aid certificate.</p>

		<p>Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that the management team provide good support. Residents and family/whānau interviewed reported that there are adequate staff numbers to attend to residents.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires and external professional development. Existing staff support systems include peer support, and promotion of staff wellbeing. All RNs have current medication competencies and senior caregivers have medication checking competencies.</p> <p>All caregivers are encouraged to complete New Zealand Qualification Authority (NZQA) in health and wellbeing through Careerforce. Two caregivers have achieved level 4 NZQA, five caregivers have achieved level 3 NZQA, ten caregivers have achieved level 2 NZQA, and two recently employed caregivers have been enrolled.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs, and caregivers related to specialised procedures or treatments, including (but not limited to) medication, restraint, hoist, and cultural safety. Staff interviewed report a positive work environment. The facility collates quality data, which includes information for Māori residents. Educational goals identify that mandatory cultural training and competencies, including understanding health equity, has been provided to staff. Health information is collated with the quality data (including ethnicity) which is discussed at all facility meetings. All staff, including RNs, attend relevant quality/staff and clinical meetings when possible. Meeting minutes are available for staff unable to attend meetings.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Five staff files reviewed included a signed employment contract, job description, police check, induction paperwork relevant to the role the</p>

<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>staff member is in, application form and reference checks. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position. Information held about staff is kept secure, and confidential. Ethnicity data is identified.</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>The operations manager keeps records of how many prospective residents and families/whānau have viewed the facility, admissions and declined referrals. These records capture ethnicity.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. There are residents and staff who identify as Māori. The service currently engages with Te Kaahui Ora Māori Health Service. Local kaumātua, kuia and tohunga from the service provide cultural leads.</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>Two rest home level care (including one LTS-CHC) and three hospital level care, (including one LTS-CHC), resident files were reviewed. The clinical nurse manager and RNs are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in progress notes and family/whānau contact forms. There is a Māori health care plan in place. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>The service completes a nursing assessment and an initial support</p>

	<p>plan within 24 hours of admission. The outcomes of risk assessments are reflected in the care plan. Initial interRAI assessments, long-term care plans, reassessments and care plan evaluations were all completed within expected timeframes. Care plan interventions are holistic, resident centred and cover all assessed needs. Evaluations were completed six-monthly or sooner for a change in health condition and contained written progress towards care goals. Short-term care plans were well utilised for infections, weight loss, and wounds.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The service contracts with a medical centre and a regular GP provides weekly visits. The GP service also provides out of hours cover. The GP records their medical notes in the integrated resident file. When interviewed, the GP stated that he was very satisfied with the standard of care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has a physiotherapist and dietitian available as required and a podiatrist visits regularly. Other specialist services are available by referral. A wound care specialist nurse is available as required through Te Whatu Ora- Counties Manukau.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written on every shift and as necessary by caregivers. The registered nurses/clinical manager further add to the progress notes if there are any incidents or changes in health status.</p> <p>Family members interviewed reported the needs and expectations regarding their family/whānau were being met. When a resident's condition alters, the clinical nurse manager reviews the resident, or there is a review initiated with the GP. Family was notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>Wound assessments and wound management plans with body map, photos and wound measurements were utilised. Wound dressings were being changed appropriately and a wound register is maintained. Caregivers interviewed stated there are adequate clinical</p>
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		<p>supplies and equipment provided including wound care supplies and pressure injury prevention resources. Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Care plans reflect the required health monitoring interventions for individual residents.</p> <p>Caregivers and RNs complete monitoring charts, including bowel chart, blood pressure, weight, food and fluid chart, blood sugar levels, behaviour, and toileting regime. All incident reports were fully completed and evidenced timely RN follow up, with opportunities to minimise risks identified. Neurological observations are completed for unwitnessed falls, or where there is a head injury.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>There is a range of activities available for residents. Community visitors include entertainers, church services and pet therapy visits. Important days such as Matariki, Waitangi, and Anzac Day are celebrated with appropriate resources available. There is one younger resident who has a support person that takes the resident out shopping and for coffees. The service works with local kaumātua to assist the staff to provide opportunities for Māori residents to participate in te ao Māori and to meet the needs of any future residents and whānau who identify as Māori. The use of te reo Māori on doors and noticeboards is prevalent.</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>There are policies documented around safe medicine management that meet legislative requirements. The clinical coordinator and RN's who administer medications have been assessed for competency on an annual basis. Some caregivers are assessed to be competent to check medications with RN's. Education around safe medication administration has been provided.</p> <p>Staff were observed to be safely administering medications. The clinical coordinator and RN interviewed could describe their role regarding medication administration. The service currently uses robotic packs for regular medication and blister packs for 'as required'</p>

		<p>medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately securely stored in a cupboard and locked trolley. The medication fridge and medication cupboard temperatures are monitored daily, and the temperatures were within acceptable ranges. Eyedrops have been dated on opening. All over the counter vitamins or alternative therapies residents choose are prescribed and reviewed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. There were two residents self-administering medication. All compliance against policies for residents who self-medicate have been fulfilled. The GP reviews the resident's competencies to self-medicate every three months. There are no standing orders.</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 clinical manager described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The service adopts a holistic approach to menu development that ensures nutritional value, respect and support of cultural beliefs and values, and protocols around food. The service has Chinese, Indian and Pacific residents, as well as Māori. The cook caters to all requests. Rice is on the menu every day and curries or stir fries are provided at least four days a week as requested by the residents, and reflects the multiculturalism of the residents in the facility. On a Sunday, the cook ensures there is taro, green bananas, and coconut milk. The Māori resident can request a 'boil up' and this has been provided in the past. Nutritious snacks are provided if requested.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There were documented policies and procedures to ensure exiting, discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There is open communication evidenced in the progress notes of family/whānau being kept up to date with the referral process, and reason for transition, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings and equipment are fit for use and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 14 September 2023. All equipment has been tagged, tested, and calibrated annually as scheduled. Hot waters are tested regularly and were evidenced to be within expected ranges. Essential services and contractors are on call 24 hours a day. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no plans to expand or alter the building. The operations manager reported they would consult with the local kaumātua around how designs and the environment would reflect the aspirations and identity of Māori, if they were to do this in the future.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill is repeated six-monthly in accordance with the facility's building warrant of fitness. This was last completed on 4 April 2023.</p> <p>The building is secure after hours. There is security lighting and staff complete security checks at night.</p>

<p>safe way, including during an emergency or unexpected event.</p>		
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>A comprehensive pandemic response plan is in place. Staff receive training on the plan and emergency response. Personal protective equipment (PPE) is ordered, and stock balance is maintained to support any outbreak. Adequate PPE stocks was sighted in a dedicated storage area.</p> <p>The facility has cultural kaitiaki representation on how te reo Māori can be incorporated into infection control information for Māori residents through Te Kaahui Ora Māori Health Service. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic database. Surveillance of all infections (including organisms) is reported on a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends, monthly and annually. The operations manager and clinical nurse manager completes a comprehensive six-monthly review, and this is reported to all staff and to the managing directors. Infection control surveillance is discussed at monthly staff meetings.</p> <p>Residents and family/whānau (with resident's consent) are contacted and informed of any healthcare-associated infections information on care and prevention.</p> <p>There has been one outbreak since the previous audit (Covid-19 in August 2022). The outbreak was documented with evidence of comprehensive management. The infection control coordinator is the clinical nurse manager and is supported by the operations manager. At the time of the audit, the clinical nurse manager was unavailable. The operations manager interviewed described the daily update and debrief meeting that occurred, including an evaluation on what went</p>

		<p>well, what could have been done better and discuss any learnings to promote system change and reduce risks. Residents and their families/whānau were updated regularly.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible.</p> <p>The restraint coordinator is the operations manager. There are four residents listed on the restraint register as using a restraint (bed rails). When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The use of restraint is reported in the monthly facility quality/staff meetings. One of the directors attends this meeting.</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, 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.