

# Kinoy Ale-Port Limited - Paramount HealthCare

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Kinoy Ale-Port Limited
<b>Premises audited:</b>	Paramount HealthCare
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 4 April 2024    End date: 5 April 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	11

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

## General overview of the audit

Paramount Healthcare provides rest home and hospital level care for up to 25 residents. On the day of the audit, there were 11 residents. The service is privately owned by two owners/directors.

This provisional audit was undertaken to establish the prospective provider preparedness to provide health and disability services and the level of conformity of the existing providers' service that is under offer. This provisional audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand Te Whatu Ora - Southern. The audit process included a review of policies and procedures, a review of residents and staff records, observations, and interviews with management, residents, family/whānau, staff, general practitioner, and the prospective purchaser.

The facility home is managed by the facility manager (registered nurse). The facility manager is one of the owner/directors, and she is supported by a team of experienced healthcare assistants. The other owner (managing director) is responsible for non-clinical and maintenance areas of the business. There are quality systems and processes being implemented. Feedback during the audit from residents and family/whānau was very positive about the care and the services provided. An induction and in-service training programme are being implemented to provide staff with the knowledge and skills to deliver rest home and hospital level care.

One of the two prospective purchasers has in excess of 10 years' experience in the aged care sector. The prospective purchasers jointly own an established locum agency for healthcare professionals.

This provisional audit identified shortfalls related to registered nurse staffing.

## **Ō tātou motika | Our rights**

Paramount Healthcare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service works to embrace, support, and encourage te ao Māori and provide high-quality and effective services for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. The facility manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

## **Hunga mahi me te hanganga | Workforce and structure**

The 2024 business plan includes a mission statement, values, and operational objectives. The service has a quality and risk management system that takes a risk-based approach, and these systems are designed to meet the needs of residents and staff.

Internal audits, meetings and collation of data that have been completed were well documented, with corrective actions as indicated. Hazards are identified with appropriate interventions implemented. A recruitment and orientation procedure is established. Healthcare assistants are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme for 2023 is being implemented. New Zealand Qualification Authority qualifications through Careerforce training is encouraged for all healthcare assistants. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

There is an admission package available prior to or on entry to the service. The facility manager (registered nurse) responsible for each stage of service provision. The facility manager assesses, plans and reviews residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals.

The activities coordinator implements an interesting and varied activity programme, which includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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

Residents' food preferences and dietary requirements are identified at admission and all meals are outsourced. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Discharge and transfers are coordinated and planned.

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal shower rooms with privacy signs. Rooms are personalised. Documented systems are in place for essential, emergency and security services. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and security cameras are in use in communal areas and the external entrance.

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

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There has been one gastroenteritis outbreak and one Covid-19 outbreak since the previous audit. Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi | Restraint and seclusion

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the facility manager who is the restraint coordinator. The facility has no residents currently using restraints. Use of restraints would be considered as a last resort only after all other options were explored.

### Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	0	1	0	0
Criteria	0	167	0	0	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and cultural safety policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The policy states the service works 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. The service considers Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori and all residents in their aspirations. The service has a relationship with a Māori navigator from Aukaha whānau services, who have provided support and advice when there was a resident in the facility who identified as Māori. At the time of the audit there were no residents that identified as Māori.</p> <p>Paramount Healthcare is committed to providing a service that is responsive and inviting for Māori. The service currently has no staff who identify as Māori and actively seeks to employ Māori staff members. The service has implemented the use of te reo Māori and tikanga Māori into everyday practice. Initiatives included Māori signage, culturally appropriate menu choices, welcoming processes for new residents and staff, and embedding a culture of acceptance. The managing director and the facility manager (registered nurse) advised they encourage and support applicants who identify as Māori</p>

		<p>through the employment process and encourage all staff to participate in ongoing education.</p> <p>Residents and whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Four staff interviewed (three healthcare assistants (HCA), one activities coordinator) described how care is based on the resident's individual values and beliefs.</p> <p>The prospective purchasers know and understand the consumer rights and has a good understanding of Te Tiriti o Waitangi, recognising barriers for Māori and supporting Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Peoples policy, Cook Island culture policy, the Samoan culture policy and the Tongan culture policy provide guidance to staff around the differences between these cultures and are readily available to staff. The policies address equity of access, reflecting the needs of Pasifika and have been developed by an external contractor in partnership with Pasifika. On interview, the managing director and facility manager reported that in the case of a resident identifying as Pasifika, they would be supported to attend any groups and churches as they wished.</p> <p>On admission all residents state their ethnicity. The facility manager advised that family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan. At the time of the audit there were no residents or staff that identified as Pasifika. Individual cultural beliefs are documented in each resident's care plans and activities plan. The director and facility manager have access to local Pacific communities and organisations and on interview stated they would work in partnership with these communities to support improved outcomes for Pasifika residents.</p> <p>The service is actively recruiting new staff. The managing director and facility manager described how they encourage and support any staff that identify as Pasifika through the employment process.</p> <p>Interviews with staff, five residents (four rest home and one hospital</p>

		resident), three relatives (two hospital and one rest home) and documentation reviewed, identified that the service puts people using the services, whānau, and communities at the heart of their services.
<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>Paramount Healthcare policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their family/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in their information pack. Other formats are available, such as information in te reo Māori. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities.</p> <p>Staff have received education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in September 2023. The residents and relatives interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The service recognises Māori mana motuhake and this is reflected in the Māori health plan, individual care planning process and goal setting. This was evidenced by the service supporting a resident to meet their goal of being well enough to be reassessed from hospital level of care to rest home level of care.</p> <p>One of the prospective purchasers have been involved in the aged care sector for 20 years and are aware of their responsibilities under the Code of Rights and NZS 8134:2021 Section 1 Our Rights subsection 1.3</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>There are cultural safety policies in place and resources readily available to all staff on a computer located in the nurses' station. Resources include policies on consumer rights, racism, discrimination, intimacy and sexuality, spirituality and counselling, and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Healthcare assistants interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Rights at orientation and through regular in-services.</p> <p>Paramount Healthcare delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023 included sexuality/intimacy; abuse and neglect; privacy; confidentiality; advocacy; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relatives' involvement and is integrated into the residents' care plans. Spiritual needs are identified, and a spirituality policy is in place.</p> <p>The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. Healthcare assistants and the facility manager (RN) interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys completed in March 2024 confirm that residents and families/whānau are treated with respect.</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>FA</p>	<p>Staff are guided by the Bullying/ Intimidation/ Harassment and Discrimination Policy where the aim is that every person is appreciated and treated with respect and dignity. The managing director, facility manager and staff interviewed reported Paramount</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Healthcare do not tolerate any form of bullying, intimidation, harassment or discrimination. The service is inclusive of all ethnicities and cultural days are completed to celebrate diversity. The abuse and neglect policy is being implemented. Staff have been provided with education on how to identify abuse and neglect in Sept 2023. Staff are aware of how to value the older person by showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses. The management and staff interviewed recognised items often have more significance than just sentiment and are intrinsically linked with spiritual value, and report that Paramount Healthcare makes sure such items are clearly identified and treated respectfully. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team, activities coordinator and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Three-monthly resident meetings are held, and meeting minutes reviewed identified feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Paper-based accident/incident forms have a section to indicate if next of kin have been informed (or not). This is also documented on the family communication sheet that is held in the resident's file. The accident/incident forms reviewed identified family/whānau are kept</p>

<p>them about their choices.</p>		<p>informed. Family/whānau interviewed stated that they are kept informed when their family member's health status changes. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand - Southern specialist services. The delivery of care includes a multidisciplinary team. Residents or activated enduring power of attorneys provide consent and are communicated with in regard to services involved. The facility manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Five resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</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 residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and</p>

		activation of the EPOA documents were on file for residents where required.
<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>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager logs all complaints both verbal and written on a paper-based complaints register. There were two complaints lodged since the last audit. One complaint was lodged with Health New Zealand- Southern after an enquiry to the Health and Disability Commissioner. The second complaint was lodged with Health and Disability but closed and referred directly back to the facility. Both complaints were reviewed and included evidence of investigation, follow up and reply to the complainant within the timeframes set out by the Health and Disability Commissioner. The facility manager advised that staff are informed of complaints (and any subsequent corrective actions) via staff/quality meetings (meeting minutes sighted). Both the facility manager and managing director are fully aware of all complaints.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available in the foyer. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held three-monthly and are chaired by the facility manager. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. This is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in</p>	FA	<p>Paramount Healthcare provides rest home and hospital level care for up to 25 residents. Twenty-three rest home beds are dual-purpose. On the day of audit there were eleven residents; seven rest home residents and four hospital residents. There is one double room (dedicated rest home bed) which had single occupancy at the time of the audit. One resident was under a long-term support -chronic health</p>

<p>partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>care (LTS-CHC) contract. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Paramount Healthcare is privately owned and operated by two owners. One owner is a registered nurse and has the role of facility manager. The other is the managing director responsible for human resource management, maintenance, accounts, and compliance. Both owners were knowledgeable around the legislative and contractual requirements. Paramount Healthcare has a current business, quality risk and management plan for 2024. The plan includes a mission statement, philosophy and goals and objectives which focus on the residents, values, dignity and respect, communication, and providing a safe facility where the residents feel secure. Goals for 2024 have been documented and include continuous improvements related to staff induction, increased occupancy and reducing staff turnover. Data such as incidents and accidents and internal audits are discussed at staff/quality meetings. The facility manager communicates daily with the managing director on a variety of management issues and performance measures.</p> <p>Paramount Healthcare policies and procedures are culturally sensitive. Specific policies which target health equity to Māori and tāngata whaikaha needs are included in the Māori Health Plan. Paramount Healthcare supports people receiving services and their whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Where necessary, Paramount Healthcare will continue linkages in the community to further provide quality care for Māori recipients. On interview, both owners confirmed a commitment to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery. The service has access to a Māori cultural advisor who provides support and guidance for any Māori residents and staff. The facility manager is a registered nurse with a current practising certificate and has been in the role since purchasing the facility in August 2021. She is supported by experienced care staff. The facility manager and managing director has completed external cultural training and demonstrates expertise in Te Tiriti, health equity and cultural safety.</p> <p>The facility manager has completed eight hours of professional</p>
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		<p>development related to managing an aged care facility, having attended first aid/CPR training, infection control, health and safety, and fortnightly ARRC forums. The managing director has attended the ARRC forums, and management training courses.</p> <p>The service is working towards becoming rest home care only. Two of the four current hospital residents are scheduled for transfer to other facilities, and one is awaiting reassessment for rest home level care. The service intends to apply for an exemption for the remaining resident who is palliative. The prospective purchaser plans to provide rest home level care only.</p> <p>The prospective ownership team is comprised of two married couples who currently jointly own a locum agency for healthcare professionals. One of the four prospective purchasers has in excess of 10 years' experience in the aged care sector and have access to consultants who have owned and managed aged care facilities. One of the prospective purchasers currently works as a clinical manager in nearby Dunedin and one other is currently employed as a nurse in the public hospital. The new owners plan to take on day-to-day management roles. The existing facility manager will remain in place for three weeks post settlement. There are no changes planned to the current rosters and advertising will take place as and when any vacancies occur.</p> <p>At the time of the audit, the proposed settlement date is 24 April 2024. A transition plan has been developed, which plans for a seamless transition.</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</p>	<p>FA</p>	<p>Paramount Healthcare has an established quality and risk management system which is embedded into practice. Quality and risk performance is reported across facility meetings. The quality monitoring programme is designed to monitor contractual and standards compliance and the quality-of-service delivery in the facility. There are clear guidelines and templates for reporting. The service has implemented established processes to collect, analyse and evaluate data, and this is utilised for service improvements. Action plans are developed when service shortfalls are identified, and these</p>

<p>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>are monitored by the facility manager (FM/RN). Results are communicated to staff at the monthly staff meetings and reflect actions being implemented and signed off when completed. Communication to staff is enhanced by daily briefings, as well as handovers.</p> <p>Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standards 2021 are processes that provide a critical analysis of practice to improve health equity. An annual resident and relative survey has been conducted in March/April 2023, with positive results and comments relating to the care and services provided at Paramount Healthcare. Corrective actions have been implemented around the activities programme. A recent survey in March 2024 identifies an improvement in satisfaction in all areas, including activities. Staff are provided with education around cultural safety training, including Māori equity, to ensure a high-quality service is provided for all residents.</p> <p>Health and safety policies are implemented and monitored through the staff/quality meetings, weekly management meetings and through the monthly quality assurance meetings. Risk management, hazard control and emergency policies and procedures are in place. The FM is the health and safety representative following the resignation of a previous staff member. The FM/RN was interviewed about the health and safety programme. There have been no staff injuries since the previous audit. Incidents and accidents forms are completed for all adverse events and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Results are collated, included in quality data and discussed at all facility meetings.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been Section 31 notifications completed since the last audit to notify HealthCERT and Health New Zealand –</p>
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		<p>Southern of pressure injuries and RN shortages. There has been one gastroenteritis outbreak (July 2023) and one outbreak of Covid-19 (August 2022) since the last audit, which were notified to Public Health in a timely manner.</p> <p>The prospective purchaser stated that they will continue to use the implemented quality system. They will review the existing quality plan and modify as required.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>There is a staffing policy that describes rostering requirements. The service currently has 11 residents, of which four are hospital level care. The roster does not currently provide sufficient registered nurse cover to meet the requirements of the ARRC contract. There are sufficient trained healthcare assistants rostered to provide appropriate coverage for the effective delivery of care and support. The facility manager works full time from Monday to Friday. The facility manager, activity coordinator and all healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The service is no longer accepting hospital residents and plans to remove hospital level care from services offered as soon as possible.</p> <p>Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. The facility manager provides on-call cover for the facility 24/7. Good teamwork amongst staff was highlighted during the HCA interviews. Staff and residents are informed when there are changes to staffing levels, evidenced during interviews.</p> <p>An education programme is in place for 2024. Education in 2023 has been provided around: manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; abuse and neglect; food safety; diabetes; and incident documentation and reporting. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. External training opportunities for care staff include training through Health New Zealand – Southern and Otago hospice.</p> <p>The service supports and encourages HCAs to obtain a New Zealand</p>

		<p>Qualification Authority (NZQA) qualification. Out of a total of eight HCA's, three have completed level 3, one has completed level 4, and a further two staff have almost completed their level 4 qualification. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. The FM/RN is interRAI trained.</p> <p>Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. Staff interviewed report a positive supportive work environment.</p> <p>The prospective purchaser interviewed confirmed they will continue to use the staffing policy within the existing quality systems. The prospective purchaser confirmed that there are no changes to staffing planned, with the exception of a new facility manager. The existing facility manager will remain in place for three weeks post settlement.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files reviewed (one activities coordinator and four healthcare assistants) evidenced implementation of the recruitment process, employment contracts, and police checking. All staff who have been employed for over one year, are to have an annual appraisal completed. Completed orientation documentation and up-to-date appraisals were evident in the files reviewed. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work, and expected outcomes to be achieved in each position. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. An employee ethnicity spreadsheet is maintained. Following an incident/accident, there was evidence that HCAs have the opportunity</p>

		<p>to be involved in a debrief discussion to receive support following incidents, to ensure wellbeing support is provided. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities.</p> <p>The prospective purchaser interviewed stated they offered similar employment conditions to employees.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Resident paper-based files and the information associated with residents and staff are retained in hard copy, and electronically. The service utilises a paper-based system for resident information, documentation, and data. Electronic information (eg, policies and procedures, incidents and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>There are policies and procedures documented to guide staff around the entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and managing director are available to answer any questions regarding the admission process</p>

		<p>and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. The facility manager advised potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has contact with a Māori navigator from Aukaha whānau services who are able to provide support and guidance to benefit Māori individuals and whānau. Paramount Healthcare is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities and different projects and programmes.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed for this audit (two hospital residents and three rest home residents). The FM/RN is responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings, where the long-term care plans are reviewed. This is documented in the progress notes and resident records.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. Paramount Healthcare policies ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. The service utilises a person-centred model of care.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files had interRAI assessments completed in a timely manner to the detail reflective of the resident. The long-term care plan includes detailed interventions to guide care. The care plan is holistic and aligns with</p>

		<p>the service's model of person-centred care. Care plan evaluations were completed as needs changed and within the required timeframes. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs.</p> <p>The service contracts a general practitioner service (GP) from Dunedin who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews (multi-disciplinary meetings). Residents can retain their own GP if they choose to. The contracted GP service provides after-hours support as required. The facility manager provides 24/7 on-call support as required. When interviewed, the GP expressed satisfaction with the standard of care and quality of nursing proficiency at Paramount Healthcare. They were especially complimentary of the clinical assessment skills, as well as quality of referrals received from the FM/RN after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has access to a physiotherapist as required. A podiatrist visits six-weekly and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Healthcare assistants interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by healthcare assistants and at least weekly by the FM/RN. The FM/RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes and any changes to health status. Wound assessments, and wound management plans with photos and wound measurements, were reviewed. A paper-based wound register is maintained. There was a resident with a long-term stage II pressure injury currently being</p>
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		<p>treated. There were no other wounds.</p> <p>The FM/RN and HCAs interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources as sighted. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and the FM/RN complete monitoring charts, including bowel chart; blood pressure; weight; behaviour; repositioning charts, blood glucose levels; and toileting regime. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p> <p>Short-term care plans were well utilised for issues and signed off when resolved for infections, weight loss, bruises, and wounds.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one experienced activities coordinator that provides activities three days a week for a total of 16 hours. The activities coordinator has a current first aid certificate. The programme is supported by a volunteer four days a week, who has been inducted into the service. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a monthly programme posted on a whiteboard in the lounge.</p> <p>The service facilitates opportunities to participate in te reo Māori, with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations and Matariki. Māori phrases are incorporated into the activities, bilingual signages, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures, reading, and hand massage activities are offered.</p> <p>All activities are carried out in the communal lounge or activities room. A resident's recreational and social profile includes the resident's cultural identities, past hobbies, and present interests, likes and dislikes, career, and family/whānau connections. A social and</p>

		<p>recreational plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings.</p> <p>Activities include (but are not limited to) exercises; baking demonstrations; crafts; games; quizzes; entertainers; gardening; hand pampering; library; art therapy; happy hour; and bingo. There are weekly van drives scheduled for outings, regular entertainers visiting the residents, and interdenominational services. There are resident meetings held quarterly with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the three-monthly meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The FM/RN has completed syringe driver training. Staff were observed to be safely administering medications. The FM/RN and healthcare assistants interviewed could describe their role regarding medication administration. Paramount Healthcare currently packages medication for regular use and 'as required' in blister packs. Additional 'as required' medications are in clearly labelled boxes and bottles. All medications are checked by the FM/RN on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a secure medication room and locked trolley. Medication fridge and medication room temperatures are monitored daily and weekly respectively. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications are checked monthly. There were no eyedrops in use on the day of audit; however, staff advised all eyedrops are dated on opening. All over the counter vitamins,</p>

		<p>supplements or alternative therapies residents choose to use, are prescribed by the GP.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-administering their medications at the time of audit. There are policies and procedures around this, should a resident wish to self-administer their medications. 'As required' medications are administered as prescribed, with effectiveness documented in the progress notes. Medication competent HCAs and the FM/RN sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The FM/RN described how they work in partnership with all residents and family/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>All meals and baking are prepared and cooked off site by a contracted services provider. Deliveries occur daily Monday to Friday, with weekend meals delivered on Friday and stored appropriately. Healthcare assistants are responsible for heating, dishing, and serving food and for checking food temperatures on arrival and on dishing.</p> <p>The four-week winter/summer menu is reviewed by a registered dietitian – last conducted in January 2024. The kitchen and the contracted supplier receive resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The contracted service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room</p>

		<p>and meals are plated in the kitchen and served to residents in the dining room. Healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The FM/RN could describe how the catering company can incorporate Māori residents' cultural preferences into the menu on request.</p> <p>The contracted supplier's food control plan was last verified on 2 May 2023 and expires on 30 April 2024. Daily temperature checks are recorded for freezer, fridge, inward goods, reheating, bain-marie serving temperatures, dishwasher rinse, and wash temperatures. All perishable foods and dry goods were date labelled. Dry goods which had been decanted, displayed best before or expiry dates. Cleaning schedules are maintained, as evidenced on the electronic signing chart. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings, which are fed back to the facility manager and the kitchen staff. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents are overall happy with the meal service. Management advised they are working with the external provider to address identified issues.</p> <p>All residents have dietary profiles and nutritional requirements documented at the time of admission. Residents are weighed monthly unless this has been requested more frequently due to weight loss. This is currently recorded in a paper-based format. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the five resident files reviewed.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p> <p>The prospective purchasers intend to continue outsourcing the service to the current contractor.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The FM/RN explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires on 11 September 2024. The managing director holds the role of maintenance person at Paramount Healthcare and is responsible for reactive and preventative maintenance. There is a maintenance request book for repairs and maintenance requests located in the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, six-monthly call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Testing and tagging of electrical equipment has been completed in February 2024. Essential contractors/tradespeople are available as required. Medical equipment including (but not limited to) hoists and scales were checked and calibrated in January 2024. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The managing director maintains gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. There is</p>

		<p>ramp access to the facility for wheelchairs and residents using mobility aids to the side of the facility. External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Seven resident rooms have toilet ensuites. There is one double room (dedicated rest home room). This room has a full ensuite and is currently occupied by a single resident. All other rooms are single occupancy. There are communal bathrooms/showers within the facility with privacy locks and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Communal shower/toilets were well signed and identifiable, with door labels written in both English and te reo Māori. There is adequate space for the use of a hoist for resident transfers as required.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. There is adequate space for the use of a hoist for resident transfers as required. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit.</p> <p>There are two spacious lounges, a dining room, and an activities room at Paramount Healthcare. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in all communal areas. All resident rooms are all fitted with wall mounted heaters which can be individually adjusted. Residents interviewed stated that the environment was warm and comfortable.</p> <p>The facility manager reported that when there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>The prospective purchasers have no plans to change the environment.</p>
Subsection 4.2: Security of people and workforce	FA	Emergency management policies, including the pandemic plan,

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 4 April 1998. Fire evacuation drills are held six-monthly and the last one was completed on 21 March 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard and are checked three-monthly. In the event of a power outage, there is emergency lighting back-up power available and gas cooking (BBQ and portable gas burners). There is adequate food supply available for each resident for minimum of seven days.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies (water tank, 1000 litres), to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. An indicator panel located in the kitchen displays the location of call bell activations, to alert staff of who requires assistance. Call bells are tested three-monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Building is secure after hours, and staff complete security checks at night. CCTV cameras are installed in all communal areas and at the main entrance. Signage advising residents and visitors of this are posted throughout the facility.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>The facility manager (RN) oversees infection control and prevention across the service with support from the infection control nurse specialist at Health New Zealand- Southern. The job description outlines the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size,</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the management team and infection control audits are conducted. Infection rates are presented at staff meetings and discussed at quality meetings. Infection control data is also reviewed by the management team and benchmarked internally.</p> <p>Infection control is part of the business, quality risk and management plan. The managing director and facility manager review infection control as part of the business plan reviews, quality meetings and at the monthly combined staff meetings. The infection review includes progress of quality plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS), including any significant infection events. The service also has access to an infection prevention clinical nurse specialist from Health New Zealand - Southern, laboratory staff and GP. There are hand sanitisers strategically placed around the facility.</p> <p>The prospective purchasers plan to continue to implement the current infection control programme.</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 service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Health New Zealand- Southern infection control nurse specialist. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all</p>

		<p>policies are available to staff. There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control and works in partnership with Māori for the protection of culturally safe practices in infection prevention, that acknowledge the spirit of Te Tiriti.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards in the staff room and handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, newsletters, and emails. Posters regarding good infection control practice were displayed in English and te reo Māori.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products. The management team would liaise with their external consultants should the design of any new building or significant change be proposed to the existing facility.</p> <p>The prospective purchasers are aware of their responsibilities in relation to infection control.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<p>The service has an antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort.</p>

<p>safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Infection rates are monitored monthly and reported at facility meetings by the FM/RN. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>The prospective purchasers will continue to monitor antimicrobial usage.</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>Infection surveillance is an integral part of the infection control programme and is described in the Paramount Healthcare infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends. Infection control surveillance is discussed at the monthly meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator; meeting minutes are displayed for staff.</p> <p>Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand - Southern for any community concerns.</p> <p>There has been one gastroenteritis outbreak (July 2023) and one Covid-19 outbreak (August 2022). The facility followed their outbreak plan. There were clear communication pathways with responsibilities and included daily outbreak meetings and communication with residents, family/whānau, and staff. Staff wore personal protective equipment, and cohorting of residents occurred to minimise risks. Families/whānau were kept informed by phone or email. Visiting was restricted.</p> <p>The prospective purchasers will continue to implement a surveillance programme and are aware of reporting requirements.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry, with personal protective equipment available, including a face visor. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Staff attend to laundry and housekeeping duties. The laundry has a defined clean/dirty area, with two door entry/exit. The linen cupboards were well stocked. There was appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes.</p> <p>The prospective purchasers have no plans to change the cleaning and laundry processes.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free. The facility manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the monthly meeting.</p> <p>A full staff team meets every month to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory</p>

		<p>training plan and orientation programme.</p> <p>The prospective purchaser interviewed is familiar with the requirements of and their responsibilities, in respect of restraint minimisation and safe practice.</p>
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## Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>At the time of the audit, the FM/RN is the only registered nurse and works Monday to Friday and provides 24/7 after hours cover. The service has employed several registered nurses from overseas; however, shortly after arriving, all have relocated to alternative locations and employment. The managing director and facility manager have been proactive and discussed this openly with older persons health and their contract manager. In response to the ongoing recruitment issues, the service is planning to discontinue providing hospital level care. On the day of audit, two residents had been given notice to find alternative placement. A third resident has been referred for reassessment to rest home level care. The service is applying for an exemption for the remaining hospital level</p>	<p>There is a registered nurse (FM) based at the facility Monday to Friday from 8am to 5 pm; however, there is no RN on site at other times. The service does not meet the staffing requirements of the Age-Related Residential Care Services Agreement (ARCC) D17.4 I. The FM/RN is on call seven days a week to manage clinical emergencies.</p>	<p>Ensure 24/7 RN cover to meet the requirements of the ARCC agreement.</p> <p>60 days</p>

		care resident.		
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.