

Presbyterian Support Southland - Vickery Court

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Presbyterian Support Southland
Premises audited:	Vickery Court
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 August 2024 End date: 13 August 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	80

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Vickery Court is part of Presbyterian Support Southland and is located in Invercargill. The service provides rest home care and hospital level care (medical and geriatric) for up to up to 88 residents. On the days of the audit there were 80 residents in the facility.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora -Southern. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a nurse practitioner.

The facility manager (registered nurse) is appropriately qualified and experienced and is supported by two clinical coordinators.

There are quality systems and processes being implemented. Feedback from residents and family/whānau were positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The certification audit identified three improvements required in relation to monitoring of care, care plan evaluations, and monitoring of medication room temperature.

The service has been awarded a continuous improvement rating for the implementation of their cultural journey.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

PSS Vickery Court provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health and wellbeing plan is documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents.

This service supports cultural safe care delivery to Pacific peoples. Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the opinions of the residents and effectively communicates with them about their choices and preferences.

There is evidence that residents and family/whānau are kept informed. 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 and documented.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Presbyterian Support Southland has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the facility.

The quality improvement plan and organisational plan inform the site-specific operational objectives which are reviewed on a regular basis. PSS Vickery Court has an established quality and risk management system. Quality and risk performance is reported across staff and quality meetings and to the senior leadership team.

PSS Vickery Court collates clinical indicator data and benchmarking occurs. 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. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. They assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration. Resident files included medical notes by the general practitioner and/or nurse practitioner and visiting allied health professionals.

Discharge and transfers are coordinated and planned to ensure continuity of care.

The activity coordinator provides and implement an interesting and varied activity programme, with assistance from the care workers. The programme includes meaningful activities that meet the individual recreational preferences. There are opportunities to participate in te reo Māori through phrases incorporated into the activities and culturally focused activities.

Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses and medication competent care workers are responsible for administration of medicines. They complete annual education and medication competencies. The 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 on admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building is single level. There is a current building warrant of fitness. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are personalised.

Documented systems are in place for essential, emergency and security services. Fire drills occur six-monthly.

Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty and on outings with a current first aid certificate.

The building is secure at night to ensure the safety of residents and staff.

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


Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The implemented infection prevention and antimicrobial stewardship programme is appropriate to the size and complexity of the service. A trained infection prevention nurse leads the programme. Specialist infection prevention advice is accessed when needed.

Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education. Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There have been three infection outbreaks reported since the last audit, and all were managed effectively.

There are processes in place for the management of waste and hazardous substances. All staff have access to appropriate personal protective equipment. Cleaning and laundry processes are sufficient to cover the size and scope of the service.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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There is governance commitment to maintain a restraint-free environment. Restraint policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator, who is the registered nurse. The facility has no residents with restraint. It would be considered as a last resort, only after all other options were explored. Staff receive education in falls preventions and strategies to deescalate behaviours of concern.

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	25	0	1	1	0	0
Criteria	1	164	0	2	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 and wellbeing plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Presbyterian Support Southland (PSS) Enliven Vickery Court is committed to respecting the self-determination, cultural values and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and wellness map.</p> <p>The manager stated that they support increasing Māori capacity within the workforce and will employ more suitably qualified Māori applicants when they do apply for employment opportunities at PSS Vickery Court. At the time of the audit, there were Māori staff members. PSS Vickery Court evidenced commitment to a culturally diverse workforce, as documented in the culturally responsive objectives of the PSS strategic plan 2021 - 2026, Māori Health and wellbeing plan and Embedding Te Pātikitiki o Kohahitanga overarching policy for PSS. The plan includes partnering with Māori and working in partnership with whānau to benefit Māori. There is a PSS cultural advisor assisting to maintain the established relationship with Te Kōhanga Reo o Kimihia Te Mātauranga o Ngā Tūpuna, Te Rau Aroha Marae at service level and established</p>

		<p>partnerships with Ngāi Tahu as consultation partners.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the PSS cultural safety for Pasifika Peoples and their Fonua policy. The principles/objectives of the policy is acknowledging Pacific people by maintaining respectful relationships, creating equitable access to services, valuing families, and provide high quality health care. The policy recognises Pacific models of care and include Kakaha, Fonofale and Fonua model of care.</p> <p>On admission all residents state their ethnicity. There are no residents identifying as Pasifika.</p> <p>The manager (RN) interviewed explained whānau will be encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service, and recognition of cultural needs. The manager stated Pacific peoples' cultural beliefs and values, knowledge, arts, morals, and identity are respected and documented in the Oranga Kaumatua wellness map.</p> <p>PSS Vickery Court partners with Pacific organisations in Invercargill, and collaborates with their Pacific employees at their sister facility to ensure connectivity within the region. The Code of Health and Disability Services Consumers' Rights are accessible in Tongan and Samoan when required.</p> <p>PSS Vickery Court has Pacific staff employed. The culturally responsive objectives documented in the PSS strategic plan 2021-2026 recognise the capacity and capability of the Pacific workforce through promoting their diverse workforce.</p> <p>Interviews with staff (five care workers, two registered nurses, one enrolled nurse, two clinical coordinators, two activities coordinator, one cleaner, one laundry assistant, one chef and one food services manager), four managers (facility manager [RN], quality manager, PSS Health and Safety and Wellbeing manager and food services manager), seven residents (four rest home and three hospital level),</p>

		and five family/whānau (two rest home and three hospital level) evidenced the service provides person centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to The Code of Health and Disability Services Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager (RN) supported by the clinical manager and clinical coordinators discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the quarterly resident/family meetings. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support documented in the policy. PSS Enliven employs a pastoral care coordinator that provides social, emotional, cultural, and spiritual support. The service recognises Māori mana motuhake and this is reflected in the Māori health and wellbeing plan, individual care planning process, goal setting, and the completion of the Oranga Kaumatua wellness map. Church services are held weekly. The cultural advisor is available to provide support and advice where required.</p> <p>Staff receive education in relation to the Code during orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</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</p>	FA	Care workers interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about

<p>respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. PSS Vickery Court’s annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. Annual satisfaction survey results of 2023 and 2024 and interviews with family/whānau confirmed that residents and family/whānau are treated with respect. Staff receive training in the PSS charter of core values that include respect, compassion, community, importance of family/whānau, and accountability at orientation.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. The care plans had documented interventions for staff to follow to support and respect their time together, and this was confirmed through interview with one married couple. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents’ files and care plans identified resident’s preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents’ care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spiritual health policy is in place.</p> <p>Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural awareness training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, promotion of equity, and cultural competency. At the time of audit, there were residents who identified as Māori. The activities coordinator confirmed that the service is actively supporting Māori by identifying their needs and aspirations. This was evidenced in the care plan and wellness map of a Māori resident, whose care</p>
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		<p>plan included the physical, spiritual, family/whānau, and psychological health of the resident. The service has been awarded a continuous improvement around their cultural journey.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect awareness policy is being implemented. PSS Vickery Court policies document guidelines in preventing any form of discrimination and acknowledge impact of institutional racism on Māori wellbeing. The overarching PSS Embedding Te Pātikitiki o Kotahitanga policy include strategies to abolish institutional racism. Cultural days are held to celebrate diversity. 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 document as part of their employment agreement. This bullying, harassment and discrimination policy is implemented. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff completed education on managing their wellbeing and staff interviews evidence feedback related to a positive work environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' finances. Professional boundaries are defined in job descriptions. Interviews with the facility manager, and care workers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. PSS Vickery Court continue to embed the principles of the Enliven model of care that is holistic, recognised Te Whare Tapa Whā, which encompasses an individualised, strength-based approach to ensure the best wellbeing outcomes for all 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 them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Monthly resident meetings and biannual family/whānau meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an adverse event. This is also documented in the progress notes. Ten accident/incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there was 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.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and New Zealand Te Whatu Ora -Southern specialist services (eg, physiotherapist, wound nurse specialist, district nurse, speech language therapist, older persons mental health clinical nurse specialist, geriatrician, and dietitian). The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent to other providers involved in their care. 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>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes, including outbreaks within the service through emails and regular newsletters and resident meetings.</p>
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		Staff have completed annual education related to communication with residents with sensory and cognitive disabilities.
<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>	FA	<p>There are policies around informed consent. Interviews confirmed informed consent processes were discussed with residents and family/whānau on admission. Nine electronic resident files were reviewed. Written general consents sighted for photographs, release of medical information, and medical cares were included in the admission agreement and signed as part of the admission process. Specific consent had been signed by the resident or enduring power of attorney (EPOA) for procedures, such as influenza and Covid-19 vaccines. Discussions with care workers confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic charts and activated as applicable for residents assessed as incompetent to make an informed decision.</p> <p>A shared goals of care and guidelines on advance directives are documented as part of informed consent policies. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the NP/GP had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their relative's lives. The service follows relevant best practice tikanga guidelines when obtaining consent by incorporating the resident's cultural identity when planning care. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff have received training on cultural safety, promoting equity and</p>

		<p>tikanga best practice.</p> <p>Training has been provided to staff around Code of Rights and informed 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, concerns and suggestion policy is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held in hard copy and electronically. There were six complaints received in 2023 (since the last audit) and 10 complaints received in 2024 year to date. There were trends identified in the complaints received and corrective actions were implemented at PSS organisational level.</p> <p>A sample of complaints documentation were reviewed, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints logged were classified into themes with a risk severity rating and available in the complaint register. There was one high risk complaint in February 2024, that was dealt with by the Director of Enliven. A corrective action following the investigation include a policy review, education and training on care planning documentation, and recognising the deteriorating resident. The complaint remains open. No external complaints received.</p> <p>The quality manager interviewed stated a comprehensive investigation, root cause analysis, follow up, and replies to the complainant are provided when complaints are received. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. There were numerous compliments documented.</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>PSS Vickery Court is part of the Presbyterian Support Southland (PSS) Enliven organisation. The service is one of four aged care facilities governed by the PSS Trust Board. The service is certified to provide rest home level and hospital level care (medical and geriatric) care for up to 88 residents.</p> <p>On the days of audit there were 80 residents in total: 48 at hospital level care, including three residents on a younger person with a disability (YPD) contract and one resident on a long-term support chronic health condition contract (LTS-CHC); and 32 residents at rest home level of care, including one on a YPD contract. All remaining residents are on the age-related residential care (ARRC) contract.</p> <p>There are 84 dual purpose beds, including four double rooms intended to be used for married couples. One was occupied by a married couple; one had a single occupant and two were vacant at the time of the audit.</p> <p>The Director of Enliven (present) confirmed there has been no changes to the governance structure since the previous audit. The chief executive (interviewed) had been in the role for 18 months. The governance body (Trust Board) for PSS is a Charitable Trust comprising of seven trustees (at the time of the audit one of the trustees had resigned). The Trust Board provides strategic guidance and effective oversight to the senior leadership team. There is a formal orientation programme for new Trustees. There is a Terms of Reference for the Trust Board and a position description for Trustees. There is a PSS Charter and Strategic Plan 2021-2026 that documents the vision, values, and key service objectives. The chief executive and senior leadership team is responsible for delivery on the strategic plan objectives. Management reports on progress against the plan on a quarterly basis. The Trust Board have all undertaken cultural training. The cultural advisor has relationships with local iwi and is engaged with Māori Enliven residents and families/whānau as needed. The organisation philosophy and strategic plan reflect a resident/family-centred approach to all services. The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies,</p>
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	<p>and addresses barriers to equitable service delivery.</p> <p>The Trust Board has Ngai Tahu representation on its membership. The Presbyterian Support New Zealand (PSNZ) Cultural Advisory group comprises of Māori representatives from each region. There is also a pastoral care coordinator that enables the workforce to provide support to residents and whānau of Māori, non-Māori, and disability residents within the ARRC services.</p> <p>A clinical governance committee meets two monthly. An improvement plan has been developed by the clinical governance committee and approved by the Trust Board. The quality manager is responsible for the implementation of the quality improvement plan for all PSS sites and provides a regular report to the clinical governance committee that highlights areas of risk. Presbyterian Support Southland undertakes clinical benchmarking with Presbyterian Support Otago, South Canterbury, and Presbyterian Support Central on key clinical indicators. The clinical governance committee reviews the risks for the PSS Enliven (aged care) service at their six-weekly meetings, where this information is reported to the Board. The strategic plan and specific goals documented as part of the quality improvement plan related to PSS Vickery Court are measurable goals that are reviewed quarterly. Site specific goals relate to clinical effectiveness, effective cultural journey, and risk management is overseen and reported on by the quality manager.</p> <p>There is a national whenua policy documented that guides the collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori. Trustees regular visit PSS sites to ensure engagement with residents and family/whānau. Tāngata whaikaha provide feedback around all aspects of the service through annual satisfaction surveys and regular resident and family/whānau meetings. Feedback is collated, reviewed, and used by the senior management team of Enliven to identify barriers to care, to improve outcomes for all residents.</p> <p>The facility manager is a RN and maintains an annual practising certificate. They have been in the role since February 2024 and has previous experience as a clinical manager within PSS. They are supported by two clinical coordinators (who both started within the</p>
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		<p>last six months) and wider PSS management team. Care workers have remained stable within the facility.</p> <p>The facility manager has completed the required eight hours of professional development activities related to managing an aged care facility. The facility manager reported that they have completed a comprehensive orientation to their role and feel supported.</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>PSS Vickery Court is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly quality /staff meetings provide an avenue for discussions in relation to (but not limited to): quality goals (key priorities); quality data; health and safety; cultural journey infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. 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. Clinical related internal audits are completed by the quality manager and facility manager (RN) and reported in the monthly clinical quality report and monthly PSS clinical managers meetings. Quality and business goals are reviewed regularly.</p> <p>Quality data, graphs and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Corrective actions are discussed at quality and staff meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. Regular reviewing of policies and procedures are overseen by the clinical governance committee. A document control system is in place. Policies are available and accessible to all staff on the intranet. Staff are informed of policy changes through meetings and notices.</p>

	<p>Monthly internal and quarterly external benchmarking of quality data, including ethnicity trends, provide a critical analysis to organisational practice and to improve health equity. Staff completed cultural competency and training to ensure a high-quality service and cultural safe services are provided for Māori.</p> <p>The resident and family satisfaction surveys has been for 2024 and evidenced overall satisfaction on all areas of service delivery. There were no areas identified for improvement.</p> <p>A health and safety system and risk management system is in place. There is a health and safety committee that meets monthly with the PSS health and safety and wellbeing manager. Hazard identification forms are completed electronically, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented and monitored by the health and safety and wellbeing manager. Staff incident, hazards and risk information is collated at facility level and a consolidated report and analysis of all facilities are provided to the governance body. Environmental internal audits are completed. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There was one staff injury in June 2024 reported as a notifiable event to WorkSafe. Staff rehabilitation and return to work is supported by PSS.</p> <p>Electronic reports are completed for each incident/accident, a severity risk rating is given, and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Results are discussed in the quality /staff meetings and at handover. The system escalates alerts to senior team members, depending on the risk level. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Monthly internal and external benchmarking occurs with Presbyterian Support sister organisations and quarterly external benchmarking occurs with National Group of other providers.</p> <p>Discussions with the facility manager and quality manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been</p>
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		<p>Section 31 notifications completed in 2023, including RN shortages (last completed August 2023); two stage III pressure injuries; one unexpected death (coroner involvement); and four stage III pressure injuries in 2024 (one was reported (Part A) to the Health Quality and Safety commission (HQSC) required on 7 August 2024). The change in facility manager has been confirmed to be appropriately notified (not sighted).</p> <p>There have been two Covid-19 outbreaks reported in January 2023 and June 2024, and one gastroenteritis outbreak in January 2024. All outbreaks have been appropriately notified to the relevant authorities.</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>There is staffing requirements policy and procedure that describes rostering and staffing ratios in an event of residents' acuity change and outbreak management. The facility manager interviewed confirm staff needs and shortages are reported to the senior leadership team. The roster reviewed provides sufficient and appropriate coverage of care workers for the effective delivery of care and support to residents. There are shifts allocated on the roster for morning, afternoon and night shift, should acuity need of residents require an extra shift.</p> <p>All staff hold current first aid certificates. There is a first aid trained staff member and a medication competent care worker on duty 24/7. No agency staff have been utilised, any absences and sick leave are covered by staff through extending working hours and through mutual agreement with employees. The facility manager and quality manager confirmed there is a full complement of new registered nurses employed. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and residents meeting minutes. Residents confirm their care requirements are attended to in a timely manner, as evidenced in monthly call bell reports.</p> <p>The facility manager (a registered nurse) works full time. In her absence, the PSS quality manager oversees the facility. There are two full-time clinical coordinators that cover the roster, including to</p>

	<p>ensure oversight on a Saturday and Sunday. One clinical coordinator is working the morning shift and the second works from 1pm to 9.30 pm. The number of care workers on each shift is sufficient for the acuity, layout of the facility, support with the workload, and to provide safe and timely care on all shifts. There is at least one RN (not including the clinical coordinator) and an EN on shift to cover the morning and afternoon shift, and one RN and EN for the night shift, supported by two care workers. There are care worker team leaders allocated to shifts to assist RNs with completion of delegated tasks, such as completion of neurological observations and wound dressings.</p> <p>On-call roster is shared between the facility manager and clinical coordinators. There are separate staff dedicated to activities, cleaning, laundry and kitchen.</p> <p>The quality manager oversees the education attendance and training schedule. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. Staff attended cultural awareness, promoting equity and Te Tiriti training at their orientation and annually as part of the education planner. Training statistics and staff education reports are completed monthly by PSS Enliven support office, to ensure staff training is monitored effectively.</p> <p>Learning content provide staff with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Cultural resources are available on the intranet. The learning platform creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages care workers to obtain a New Zealand Qualification Authority (NZQA) qualification. PSS Vickery Court supports all employees to transition through the New Zealand Qualification Authority (NZQA) Careerforce Certificate for Health and Wellbeing; 33 care workers have achieved either a level three or level four NZQA qualification. There are online training and education resources available on the intranet.</p>
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		<p>A Enliven training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN/EN specific competencies include syringe driver and interRAI assessment competency. There are eleven RNs, and four ENs and six are interRAI trained (including one EN). The RNs and ENs are encouraged to attend PSS Enliven study days in service training, online Altura training, and training opportunities through Health New Zealand-Southern.</p> <p>All care workers are required to complete annual competencies, including (but not limited to) restraint, moving and handling, and handwashing. A selection of care workers completed medication administration competencies and second checker competencies. A record of completion is maintained on staff file.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Employee Assistance Programme (EAP) are available to staff. The workplace union delegates, staff and management all collaborate to ensure a positive workplace culture.</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 recruitment policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files reviewed (two clinical coordinators, one RN, four care workers, one activities coordinator, laundry assistant and one cook) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. There is an appraisal schedule documented, and the staff files reviewed evidenced that staff had an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are</p>

		<p>completed at orientation. The service demonstrates that the orientation programmes support RN/EN and care workers to provide a culturally safe environment for Māori.</p> <p>Information held about staff is held securely and is confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>There is a staff debrief and psychological first aid policy which include follow up of any staff incident/accident, evidence of debriefing, support for employee rehabilitation, and safe return to work documented.</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>	<p>FA</p>	<p>There is a clinical records management policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Resident's past paper-based documents are securely stored and uploaded to the system.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy manager for the service, with support from the quality manager; there is a confidential process followed when sharing health information. 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>FA</p>	<p>There is a pre-entry for Enliven admission policy and flowchart and a declined admission policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents</p>

<p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>prior to admission or on entry to the service.</p> <p>Nine admission agreements reviewed align with all contractual requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates.</p> <p>The facility manager (RN) is available to answer any questions regarding the admission process and a waiting list is managed. The service openly communicates with potential residents and family/whānau during the admission process and declining entry would be if the service had no beds available, or could not provide the level of care required. Potential residents are provided with alternative options and links to the community, if admission is not possible.</p> <p>The service collects 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 this for the purposes of identifying entry and decline rates that is ethnicity focussed. The analysis of ethnicity data is extracted from the electronic resident management system and analysed at head office. Presbyterian Support Southland employs a cultural advisor who is able to consult on matters in order to benefit Māori individuals and family/whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p>	<p>PA Low</p>	<p>Nine residents' files (six hospital and three rest home level care) were reviewed for this audit, including one hospital resident on a LTS-CHC contract and two residents (one hospital and one rest home) on YPD contracts.</p> <p>The registered nurses complete an initial assessment and care plan on admission to the service, under the banner of getting to know me assessment tool. This includes relevant risk assessments that are completed six-monthly or earlier due to health changes. InterRAI assessments (including the residents on the LTS-CHC and YPD</p>

<p>whānau to support wellbeing.</p>	<p>contracts) were completed within the stated timeframes of the contract, and care plans had been evaluated within the required six-month timeframe. Evaluations stated progress against the set goals; however, were not always completed within required timeframes. The care plans on the electronic resident management system were resident focused and individualised. Care plans have been updated when there were changes in health condition and identified needs. All long-term care plans reviewed identified all support needs, goals, and interventions to manage medical needs/risks. Other available information, such as discharge summaries, medical and allied health notes, and consultation with the resident, family/whānau or significant others are included in the resident electronic file. The care plan is holistic and aligns with the service's model of shared goals of care.</p> <p>There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans reviewed and this is documented in the electronic progress notes. Cultural assessments and care plans were reviewed, along with information based on Te Whare Tapa Whā associated processes to guide culturally appropriate care and pae ora outcomes. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these are documented. The registered nurses described the four cornerstones of Māori health 'Te Whare Tapa Whā and stated care plans include the physical, spiritual, family, and mental health of the residents. Te Ara Whakapiri toolkit is used for end-of-life care. The Māori health plan includes provision of equitable outcomes for Māori health.</p> <p>Residents have the choice to remain with their own GP; however, there is a contracted local medical practice with three nurse practitioners (NP's), who provide medical services to residents. The NP visits monthly and as required and completes three-monthly reviews, admissions and sees all residents of concern. The NP interviewed stated she is notified via text and email in a timely manner for any residents with health concerns. The NP service is available after-hours 24/7. All NP and GP notes are entered into the electronic system. The NP commented positively on the care the residents received. Residents' electronic files identify the integration of allied health professional input into care and a team approach is</p>
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	<p>evident. A physiotherapist is contracted, and PSS contracted dietitian is available by referral. A podiatrist visits six-weekly. Other allied health professionals involved in care include hospice, clinical nurse specialists, and medical specialists from Health New Zealand-Southern.</p> <p>Care workers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery (sighted). Progress notes are written each shift by the care workers. The manager documents in the progress notes at least weekly or more often following any incidents, GP/NP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the manager initiates a review with a GP or NP. Family/whānau or EPOA were notified of all changes to health, including infections, accident/incidents, GP/ NP visits, medication changes, and any changes to health status. There were 16 residents, each with one current wound. Wounds included two facility-acquired stage III and one non-facility acquired stage II pressure injuries. The electronic wound care plan documents the wound management plans, assessments, and evaluations, with supporting photographs. Specialist input is provided when required from the PSS clinical advisor and through wound nurse specialists Health New Zealand – Southern.</p> <p>Care workers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There is also access to a continence specialist as required. Care plans reflect the required health monitoring interventions for individual residents, including repositioning; intentional rounding; food and fluid; bowel chart; blood pressure; weight; pain; behaviour; and blood sugar levels. However, not all monitoring charts were completed as scheduled. Neurological observations have been completed for unwitnessed falls and suspected head injuries, but not all were completed according to the facility policy.</p> <p>Short-term care plans were well utilised for issues such as infections and wounds. For other changes in health, the long-term care plans</p>
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		were updated to reflect changes as they occur.
<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>A team of two activities coordinators and one physiotherapy assistant provide an interesting and varied programme and undertakes either individual or group activities with residents, as viewed on the day of the audit. Many of the residents prefer to do their own independent activities. This is noted in care plans and viewed during the audit. There are activities resources available to residents at all times.</p> <p>A monthly calendar is delivered to all residents and displayed on noticeboards. The weekly activities programme is enlarged and displayed on noticeboards available to all residents. The planned programme includes themed cultural events.</p> <p>The service facilitates opportunities to participate in te reo Māori through phrases incorporated into the activities and culturally focused activities. Matariki and Māori language week is celebrated. Residents recently sang a waiata during a visit to a local marae. Local kapa haka group visit and a daily karakia is said before midday meals. Activities staff shared a video of residents enjoying seated exercises using pois they had made at a craft session.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. One-on-one time is spent with residents who do not wish to actively participate in communal activities. A variety of individual and small group activities were observed occurring at various times throughout the day of audit. There is access to interdenominational church services and links with community groups.</p> <p>A resident's social and cultural profile is completed within 24 to 48 hours of admission and include the resident's past and present interests, likes and dislikes, career, and family connections. A social and cultural plan is developed within 21 days and reviewed six-monthly. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities and documented in individual resident's progress notes. Activities include newspaper reading; line dancing; housie; craft;</p>

		<p>quizzes; board games; walks; and exercises. There are staff with the appropriate competencies and first aid certification at outings.</p> <p>Community links are maintained through café and lunch outings, visiting pet therapists and entertainers, and outings to local events and places of interest.</p> <p>Family can attend residents' meetings. A specific family meeting is held two or three times a year. There is an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Resident and relative surveys also provide feedback on the activity programme and resident satisfaction survey evidence overall satisfaction with the activities provided. Residents and family members interviewed stated the activity programme is meaningful.</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>PA Moderate</p>	<p>Medication management policies are available for safe medicine management that meet legislative requirements. The facility manager, clinical coordinators, registered nurses, enrolled nurses and all care workers who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Care workers could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in two treatment rooms and a nurse's station. The medication fridges and office temperature in the two treatment rooms are monitored daily and the temperatures were within acceptable ranges; however, the temperatures of the nurse's station is not monitored. All medications, including the bulk supply order, are checked weekly. All eyedrops have been dated on opening. All over the counter vitamins, supplements or alternative therapies residents choose to use, are reviewed, and prescribed by the GP or NP.</p> <p>Eighteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP or NP had reviewed all resident medication charts three-monthly, and each</p>

		<p>chart has photo identification and allergy status identified. One resident self-administers their own analgesia. The facility follows their resident self-managing medication policy. The GP or NP reviews the competency of the resident to self-administer their medication on a three-monthly basis. 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 registered nurse described a process to work in partnership with Māori residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes for Māori residents.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Vickery Court are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was in evidence, expiring 26 March 2025. An organisation dietitian reviewed the menu in April 2024.</p> <p>There is a documented policy on nutrition and hydration and a food service manual available in the kitchen. The cook receives resident dietary information from the RNs and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or of any residents with weight loss. The qualified chef (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Specific Māori cultural meals have been provided when requested. Residents have access to nutritious snacks. The kitchen staff, chef, PSS food services manager and care workers interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and reflects the intent of tapu and noa.</p> <p>The cook completes a daily diary and include fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective</p>

		<p>clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are directly served to residents in their rooms or in one of the three dining rooms. Staff were observed assisting residents with meals in the dining areas and modified utensils are available for residents to maintain independence with eating. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and families/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback on a one-to-one basis with the cook following meals, at the resident meetings, and through resident surveys.</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>	FA	<p>Planned discharges or transfers were coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident change, transfer, or termination policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner.</p> <p>The residents and families/whānau were 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 registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people</p>	FA	<p>PSS Vickery Court is a single level care home. All building and plant have been built to comply with legislation. The building warrant of fitness expires 1 February 2025. The environment is inclusive of peoples' cultures and supports cultural practices. A full-time maintenance team leader oversees maintenance of the site, a team of four maintenance workers and contractor management. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</p>

<p>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>Maintenance requests are logged in an electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging, resident’s equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Visual checks of all electrical appliances belonging to residents are checked when they are admitted. Testing and tagging of resident’s electrical equipment is completed annually. Checking and calibration of medical equipment, hoists and scales is completed annually. Care workers interviewed stated they have adequate equipment and space to safely deliver care for rest home and hospital level of care residents.</p> <p>PSS Vickery Court has two large lounges, and two smaller lounges (one has been recently designated as a whānau room) and a smaller conservatory. The spacious dining room is adjacent to the kitchen, with a servery allowing meals to be plated and served directly to rest home residents. The second lounge is a shared dining area for hospital residents.</p> <p>There are four double rooms, with a married couple sharing one of these, one occupied by single resident, and two vacant rooms. All other resident rooms are single occupancy. The resident rooms have space to provide cares and are suitable for disability access and manoeuvring of mobility aids. There are shared or individual ensuites in all resident rooms, hand basins in all resident rooms, and communal hand sanitiser stations situated throughout the facility. There are sufficient communal toilets and shower rooms. There are handrails in corridors and in communal bathrooms. All communal areas allow for safe use of mobility equipment. Residents were observed moving freely around the areas with mobility aids where required. There is safe access to all communal areas and external spaces. The external areas are maintained, and seating and shade is available.</p> <p>The facility has a mix of vinyl and carpeted floor surfaces. There is adequate space for storage of mobility equipment. Residents are able to bring their own possessions into the home and personalise their room as desired.</p> <p>The building is appropriately heated and ventilated. There are</p>
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		<p>radiators heated by an electric boiler throughout the facility. There are heat pumps in communal and lounge areas (on a service contract). The temperature in each room can be individually set. There is sufficient natural light in the rooms. The facility is non-smoking.</p> <p>The service is not currently engaged in construction. The maintenance team leader described utilising their links with the PSS cultural advisor, to recently open and bless the refurbished whānau room. The quality manager advised the cultural advisor is available to ensure the designs and environments reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in February 2021. A recent fire evacuation drill in February 2024 has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is a generator on site which can operate essential services and heating. There are adequate supplies in the event of a civil defence emergency, including adequate water stores. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available 24/7 and on outings.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells within reach. Residents and families/whānau</p>

		<p>interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. External doors are alarmed after hours.</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. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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>	FA	<p>The clinical coordinators provide monthly clinical quality reports to the quality manager. The infection control (IC) and antimicrobial stewardship (AMS) programmes are led by the quality manager, with oversight from the clinical governance committee. Infection prevention and control and antimicrobial stewardship policies and procedures have been recently reviewed, are appropriate for the service. The IC programme and policies and procedures link to the quality improvement plan 2023-2026 and are reviewed and reported regularly to the senior leadership and governance. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the quality and risk programme. This includes reports on significant infection events.</p> <p>Expertise and advice are sought from the general practitioner, nurse practitioner, Health New Zealand- Southern infection control team, and experts from the local public health team, as and when required. The infection control issues are discussed at monthly staff meetings.</p> <p>A pandemic/infectious diseases response plan is documented. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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</p>	FA	<p>One clinical coordinator oversees and coordinates the implementation of the IC programme for PSS Vickery Court. The infection control nurse role, responsibilities and reporting requirements are defined in the infection control officer's job description. The clinical coordinator has completed external education on infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents. There is a defined and documented IC programme implemented that was developed with input from external IC</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>services and reviewed annually. The IC programme was approved by the clinical governance committee and is linked to the organisation wide risk programme. The IC programme was current. Infection control policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>The pandemic and management of outbreaks plan in place is reviewed at regular intervals. Sufficient IC resources, including personal protective equipment (PPE), were available on the days of the audit. Infection control resources were readily accessible to support the pandemic response plan if required. The infection control nurse has input into other related clinical policies that impact on healthcare-associated infection (HAI) risk. Staff have received education in IC at orientation and through ongoing annual online education sessions. Infection control information is provided to residents, by education on an individual basis during cares, or to a group in residents' meetings. This included reminders about handwashing and advice about remaining in their room if they are unwell. This was confirmed in interviews with residents.</p> <p>The clinical coordinator liaises with the quality manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers. The quality manager stated that the infection control nurse would be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection guide for staff documented in the infection control isolation and precautions policy (reviewed). Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as appropriate use of hand-sanitisers, good hand-washing technique, and use of disposable aprons and gloves. Hand washing</p>
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		and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body, and same applies for white and coloured pillowcases. These are some of the culturally safe practices in IC observed, and thus acknowledge the spirit of Te Tiriti. The facility manager reported that residents who identify as Māori are consulted on IC requirements as needed. During interviews, staff understood these requirements. The service has printed off educational resources in te reo Māori and available online.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the clinical governance committee. The policy in place aims to promote optimal management of antimicrobials, to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The GP or NP has overall responsibility for antimicrobial prescribing. Monthly records of infections and prescribed treatment were maintained. The annual IC and AMS review and the infection control and hand washing audit include the antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, pathogens isolated, and any occurrence of adverse effects. Antibiotic use is benchmarked, and information is shared with the GP or NP.
<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</p>	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The hospital acquired infections (HAIs) being monitored include infections of the urinary tract, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. HAIs are monitored through documentation and care planning and

<p>specified in the infection prevention programme, and with an equity focus.</p>		<p>residents and family/whānau are informed of the progress. The quality manager is extracting ethnicity data in the surveillance of healthcare-associated infections at regional level for the use of benchmarking activities. Benchmarking is completed with other sister similar facilities internally, and externally with other Presbyterian regions.</p> <p>Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been two Covid-19 outbreaks and one gastroenteritis outbreak since the last audit.</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 documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. A sufficient amount of PPE was available, which includes masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>There is a designated cleaner position (housekeepers) seven days a week. Cleaning guidelines are provided. Cleaning equipment and supplies were stored safely in locked storerooms. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be clean throughout. The housekeeper has attended training appropriate to their roles. There are regular internal environmental cleanliness audits, which are monitored by the clinical</p>

		<p>coordinator. These did not reveal any significant issues. There is a sluice and sanitizer in each area.</p> <p>Towels and bed linen is washed off-site and picked up and delivered at regular intervals during the week and weekend. Personal clothing and mopheads are laundered on site. The laundry area is clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents daily. Washing temperatures are monitored and maintained to meet safe hygiene requirements. Care workers interviewed stated they have sufficient linen available to them to provide care to the residents. The effectiveness of laundry processes is monitored by the internal audit programme. The resident and family/whānau interviews confirmed satisfaction with cleaning and laundry processes.</p> <p>The infection control nurse provides support to maintain a safe environment during construction, renovation and maintenance activities.</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>PSS Vickery Court is restraint free. The restraint approval process is described in the restraint policy. The clinical coordinator (RN) is the restraint coordinator and provides support and oversight for restraint management in the facility.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination. They are conversant with restraint policies and procedures. There are no residents with restraints in the facility. Restraint minimisation training for staff begins during their orientation and continues annually.</p> <p>The reporting process includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. If used, a review of the records for residents requiring restraint would cover the restraint assessment, consent, monitoring, and evaluation. Family/whānau approval would be sought should any resident be unable to consent to the use of restraint. Any impact on family/whānau would also be considered. The quality manager and Director of Enliven would be informed of any restraint use in the facility. The use of restraint would also be included in the collation of</p>

		quality data.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any</p>	PA Low	<p>There is a falls management policy and neurological observation policy to guide staff in the management of witnessed and unwitnessed falls. All residents who required neurological observations had these documented; however, not all were completed according to policy. Registered nurses document monitoring requirements for assessed needs, such as intentional rounding, repositioning, food and fluid monitoring, and blood glucose levels, in the care plan including scheduled interval; however, not all monitoring was completed as required.</p>	<p>(i). Neurological observations for four of nine residents for unwitnessed falls were not evidenced as being completed as per policy.</p> <p>(ii). Repositioning charts for two hospital level care residents with current pressure injuries were not completed as scheduled.</p>	<p>(i).& (ii). Ensure the monitoring of care is completed as required or as documented in the care plan.</p> <p>90 days</p>

changes are documented.				
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>	PA Low	All residents had comprehensive care plans with clear goals and aspirations documented. Evaluations recorded the degree of achievement against these goals and if these were not met, changes were made in consultation with the resident and or family/whānau; however, not all evaluations were completed within the required timeframe.	Three (one hospital and two rest home) of nine care plan reviews were not completed within the required timeframes.	<p>Ensure care plan evaluations are completed within the required timeframes.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	PSS Vickery Court has medication policies and procedures documented that align with current legislation and best practice. An electronic medications system is utilised. All medication charts are documented appropriately and include photographic identification, allergies and sensitivities are all documented clearly. Medications are	Room temperatures have been consistently monitored in the two treatment rooms; however, the monitoring of temperatures in the nurse's station have not been	Ensure the room temperatures where medications are stored, is monitored as recorded as per policy.

		<p>checked on delivery and any errors are reported to the pharmacy. There are no expired medications on site. All medications are stored appropriately in two treatment rooms and in a cupboard and trolley in a nurse's station. Room temperatures have been consistently monitored in the two treatment rooms, however, the monitoring of temperatures in the nurse's station have not been completed as required.</p>	<p>completed as required.</p>	<p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.4.5</p> <p>Services shall ensure health care and support workers receive Te Tiriti o Waitangi training and that this is reflected in day-to-day service delivery.</p>	CI	<p>Presbyterian Support Southland (PSS) has welcomed full-time Pou Tohutohu Ahurea Māori - Cultural Advisor into a full-time role, assisting the charitable trust’s cultural journey. Over the last 18 months, Te Tiriti o Waitangi training focus on concepts of cultural safety to be an ongoing reflective process. The PSS cultural journey includes an operationalised approach which extend beyond acquiring knowledge about `other cultures` but developing skills, attitudes and interventions that acknowledge and address biases. The aim is for the cultural journey not to be limited to formal training but to be aligned across the care home environments, training and policies. The quality plan documented for Vickery Court include a review process of Vickery Court’s cultural journey; the review occurs each month in the quality meetings.</p>	<p>PSS ensure the cultural journey is taken together and built staff and residents excitement and engagement: A few examples were chosen to evidence the organisation`s achievement beyond the expected full attainment of this criteria.</p> <p>(i). Haerenga rollout is part of the commitment to increase cultural confidence and competence and include regular intranet resources library, Awhina newsletter and Facebook page, guidance resources for karakia fit for different events, mihi and pepeha, language resources, and cultural videos made by the team.</p> <p>(ii). Cultural authenticity is promoted through `Unpacking of Māori values`, Māori proverbs and emotions through conversations and discussions through regular news readings and discussion as part of the organisations Māori language plan, where the</p>

			<p>cultural advisor is in attendance.</p> <p>(iii). The cultural advisor completes cultural consults with new residents at admission and complete the Oranga wellness map for residents.</p> <p>(iv). The Māori value of connectiveness is strengthened through the activities programme. The Poi Rere initiative that provided a learning opportunity where `residents twirling their way to wellness` and see as another way for the residents to remain connected and feel part of the local hapori. The opening of the whānau rooms was seen as an important ritual and opportunity of residents and staff to connect with mana whenua.</p> <p>The kaumātua and whānau surveys evidence an increase in satisfaction related to cultural responsiveness (88 percent in 2023 to 95 percent in 2024), this was also confirmed through interviews with Māori residents. Staff interviews evidence excitement and knowledge of/about the PSS cultural journey and how they implement the knowledge in their daily interactions with residents.</p>
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End of the report.