

# Auckland Healthcare Group Limited - Palms Home & Hospital

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## 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:

<b>Legal entity:</b>	Auckland Healthcare Group Limited
<b>Premises audited:</b>	Palms Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 August 2024 End date: 9 August 2024
<b>Proposed changes to current services (if any):</b>	None.
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	42

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Palms Home and Hospital is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 44 residents. There were 42 residents on the days of audit.

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 – Counties Manukau. The audit process included the review of policies and procedures, residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The operations manager (registered nurse) is appropriately qualified and experienced and is supported by a clinical nurse manager and the duty manager. There are quality systems and processes documented. Residents and families/whānau interviewed were satisfied with the care and the services provided. An induction and orientation programme is in place with an ongoing in-service education programme implemented to provide staff with appropriate knowledge and skills to provide care.

This audit identified improvements required in relation to care plan evaluations.

The service is awarded a continuous improvement in relation to cultural responsiveness.

## 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.

Palms Home and Hospital provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan is documented, and managers and staff work collaboratively with others in the community to embrace, support, and encourage a Māori worldview of health and to provide high-quality and effective services for residents. This service also supports culturally 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 staff and management listen and respect the opinions of the residents and effectively communicate 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, with evidence of investigation and discussions with the complainants.

## 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.

Palms Home and Hospital has a well-established organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The business, quality and risk management plan inform the site-specific operational objectives which

are reviewed on a regular basis. Quality and risk data is tabled at integrated meetings, staff meetings and reported to the governance.

There are human resources policies that include recruitment, selection, orientation and staff training and development. The service has an orientation 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 families/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

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.		Some subsections applicable to this service partially attained and of low risk.
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Palms Home and Hospital has an admission package available prior to, or on entry to the service. The operations manager and duty manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

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

Residents' food preferences and dietary requirements are identified at admission and all meals are 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.

Residents were reviewed regularly and referred to specialist services and to other health services as required.

## **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 facility meets the needs of residents and was clean and well-maintained. A preventative maintenance programme is being implemented. There is a current building warrant of fitness in place. Clinical equipment has been tested as required. Hot water temperatures are checked regularly. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Rooms are personalised with ample light and adequate heating. The facility vehicle has a current registration and warrant of fitness.

There are appropriate emergency equipment and supplies available. There is an approved evacuation scheme and fire drills are conducted six-monthly. There is a staff member on duty on each shift who holds a current first aid certificate. Staff, residents and family/whānau understood emergency and security arrangements. Hazards are identified with appropriate interventions implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

## 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.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, managers, staff, and visitors. The infection prevention and control programme is implemented and meets the needs of Palms Home and Hospital. Information and resources are provided to staff and to residents as required. Information and training around infection prevention and control is provided to staff and documentation evidenced that this was part of staff orientation and the ongoing in-service education programme.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Antimicrobial usage is monitored and reported on.

A pandemic and outbreak management plan is in place, including a Covid-19 response procedure. The internal audit system monitors for a safe environment. There has been one Covid-19 outbreak since last audit.

Chemicals are stored securely throughout the facility. Documented processes are in place for the management of waste and hazardous substances in place. Policies and procedures for the cleaning and laundry services are in place, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is the clinical nurse manager. The facility is working towards being restraint free and this is supported by the owners and policies and procedures. The facility has four residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation and begins as part of the orientation programme with annual and as required updates. A restraint register is maintained, and restraints are reviewed on a regular basis.



## 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	28	0	1	0	0	0
Criteria	1	176	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan and policy are documented for the service that acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were residents and staff members who identified as Māori. Palms Home and Hospital is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and these are documented in the resident care plan where required. There are clear processes to include tikanga in everyday practices. Staff have completed an annual cultural competency and training around Te Tiriti o Waitangi. Palms Home and Hospital evidenced a commitment to a culturally diverse workforce in the business plan, Māori health plan and equitable recruitment processes.</p> <p>Palms Home and Hospital has committed to partnering with Māori providers through Health NZ- Counties Manukau and Te Kaahui Ora Māori Health Service for guidance and support. The service also has links with Māori staff and external providers who can provide interpreting support for residents if required. Residents and family/whānau engage in providing input into the resident's care planning, their activities and their dietary needs.</p> <p>The service has signage throughout in te reo Māori. Te Tiriti o</p>

		<p>Waitangi is displayed in te reo Māori and English with pamphlets available. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) in te reo Māori. There is an implemented Māori health assessment and care plan in the resident files that includes the physical, spiritual, family/whānau, and psychological health outcomes of the residents. Interview with the operations manager confirmed that the service supports increasing Māori capacity by employing more Māori staff members.</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 cultural, Samoan, Tongan and Cook Island policies and procedures commit to treating people equally, regardless of their difference in culture; of treating the whole person by sharing respect, meaning, knowledge and experience; and of providing specific cultural support for Pacific people as per their individual cultural needs. All residents inform the service of their ethnicity on admission. There were almost 40% of residents who identified as Pasifika at the time of the audit. Files of residents who identify as Pasifika include individualised cultural needs that reflect the Pacific island they come from and what is important to them.</p> <p>At the time of the audit there were staff who identified as Pasifika. The Pasifika team members are well connected within the local community, and are available for guidance if required. When interviewed, Pasifika staff member confirmed they also access support from other providers and churches in the community if required. Pamphlets around the Code are available in Pacific languages.</p> <p>Interviews with 10 staff (four caregivers, one registered nurse (RN), two cleaners, one cook, one kitchen hand, one activities coordinator, three managers (including the operations manager who is a RN and a diversional therapist, clinical nurse manager and duty manager) and documentation reviewed identified that the service provides person centred care.</p> <p>Palms Home and Hospital partners with their Pasifika employees to ensure connectivity within the region to increase knowledge,</p>

		awareness and understanding of the needs of Pacific people to improve outcomes. A Pacific plan has been developed and implemented in partnership with Pacific communities and is underpinned by Pacific voices and Pacific models of 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 Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The operations manager supported by the clinical nurse manager, discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Discussions relating to the Code are held during the three-monthly resident and family/whānau meetings. Information on the Nationwide Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau.</p> <p>The service recognises Māori mana motuhake and this is reflected in the Māori health plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Seven residents (two rest home and five hospital) and three hospital level care residents' 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>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their</p>	FA	<p>Staff members interviewed described how they support residents in their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates that training is</p>

<p>experiences.</p>		<p>responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Interviews with residents and family/whānau confirmed they are treated with respect. Information about resident's values and beliefs is gathered on admission with family/whānau involvement, and this information is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>A resident rights, independence, choice, ethics, spirituality, and sexuality policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships. 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 residents' preferred names. Quality improvement plans have been documented and include monitoring of progress on services that ensure quality outcomes for the residents' cultural wellbeing. The service has attained a continuous improvement rating in relation to their cultural responsiveness.</p> <p>The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak and understand it. Māori cultural days are celebrated and include Matariki and Māori language week. Staff complete a cultural competency that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct. This code of conduct policy addresses the elimination of</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise their own bias. Cultural days are held to celebrate diversity, with one observed taking place on the day of audit.</p> <p>The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and scheduled for the yearly training plan on how to identify abuse and neglect. Staff are aware of how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p> <p>Meeting minutes and the 2024 staff survey results evidenced a supportive working environment that promotes teamwork. The service promotes a holistic model of health which encompasses an individualised, strength-based approach to ensure the best 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>FA</p>	<p>Information on the services provided is provided to residents and family/whānau on admission. Policies and procedures relating to accident/incidents and complaints alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. The accident/incident forms have a section to indicate if family/whānau of kin have been informed (or not) of an accident/incident, and communication is also documented in the progress notes. Resident</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>files reviewed identified that family/whānau are kept informed of any changes, and this was confirmed through the interviews with family/whānau. Twelve accident and incident forms reviewed confirmed that family/whānau were specifically informed of this in a timely manner. Family/whānau confirmed that they were kept up to date with any concerns or incidents/accidents with notification as soon as this had occurred.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used when indicated. At the time of the audit, there were residents who did not speak English. Family/whānau interpreters, staff who speak the language, google translate and cue cards were used to ensure effective communication. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p> <p>The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as Hospice and Health New Zealand Counties Manukau specialist services. The delivery of care includes a multidisciplinary team approach. Residents and family/whānau provide consent to services. The clinical nurse manager and RNs described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. Residents and family/whānau interviewed confirmed they know what is happening within the facility through emails, regular newsletters, resident and family/whānau meetings, and through involvement in development and review of care plans.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p>	<p>FA</p>	<p>There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent</p>

<p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</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>There is a documented compliments, concerns and complaints procedure policy. The complaints procedure is provided to residents and family/whānau on entry to the service and complaints forms are available at the entrance to the facility. Discussions with residents and family/whānau confirmed they were provided with information on complaints.</p> <p>The operations manager maintains a paper-based record of all complaints, both verbal and written, on a complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints were logged on the register and allocated a risk severity rating. There has been one complaint which came through from Health NZ – Counties Manukau logged in the register in 2023 and none in 2024 year to date. The complaint reviewed included acknowledgement of the complaint and the completed investigation report; corrective action plans implemented. The response to Health New Zealand Counties Manukau was provided and signed off by the portfolio manager as satisfying the expectations of the complainant. Interview with the operations manager confirmed that complainants are made aware of other avenues of support when they are not satisfied with the outcome of</p>



		<p>an investigation.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held where concerns can be raised. Family/whānau confirmed during interviews that management are available to listen to concerns and act promptly on issues raised. The three family/whānau interviewed confirming that concerns raised were dealt with the next day. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Contact details for interpreters were available. The operation manager acknowledged their understanding that Māori prefer face-to-face communication and often wish to include family/whānau participation in the complaints process.</p> <p>Staff are informed of complaints (and any subsequent corrective actions) as part of the staff meetings (meeting minutes sighted).</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Palms Home and Hospital is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 44 with 34 dual purpose and 10 rest home beds. On the days there were 42 residents. Thirty-five residents were under the aged related residential care (ARRC) contract with two rest home level and five hospital level on long-term support-chronic health care (LTS-CHC) contracts.</p> <p>Palms Home and Hospital has a current business plan in place with clear goals to support their documented vision, mission, and values which is reviewed annually. The managing directors and the operations manager developed the business plan. The organisational philosophy reflects a resident and family/whānau centred approach to all services. Objectives for 2023-2024 include but are not limited to maintaining occupancy at 95%, promoting New Zealand Qualification Authority (NZQA) training and qualifications, achieving the repairs and maintenance programme, ongoing integration of Ngā Paerewa to systems and processes, staff</p>

	<p>recruitment and a resident, family/whānau satisfaction of greater than 90%. Progress on goal achievement is assessed monthly by owners and the operations manager.</p> <p>The governance body includes the two managing directors of Palms Home and Hospital and own two other aged care facilities. The owners are experienced in the aged care sector and are knowledgeable around the legislative and contractual requirements. The facility has a key relationship with Te Kaahui Ora Māori Health Service who can provide kaumātua, kuia and tohunga services. A Māori cultural advisor advised on policy development to ensure policies and procedures represent Te Tiriti o Waitangi partnership and equality and to improve outcomes and achieve equity for tāngata whaikaha. The operations manager reports on any barriers to the owners and consults with Te Kaahui Ora Māori Health Service to ensure these can be addressed. The clinical nurse manager and RNs work in consultation with residents and whānau, on input into reviewing care plans and assessment content to meet resident's cultural values and needs.</p> <p>The operations manager and clinical nurse manager have oversight with clinical governance. which is appropriate to the size and complexity of the Palms Home and Hospital provided. The managing directors attend the monthly staff and integrated meetings to keep updated with the operations of the service and contribute to any decisions promptly. The managing directors are in regular contact with the operations manager.</p> <p>Policies and plans reflect a leadership commitment to collaborate with Māori, with strategies and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback around all aspects of the service through satisfaction surveys and resident meetings. Feedback is collated. Cultural safety is embedded within the business and quality plan and staff training.</p> <p>The operations manager has been in the role for 15 years. They are supported by a clinical nurse manager, who has been in the role since June 2022. They are supported by the duty manager and an experienced team of care and household staff The operations manager reports there is a stable team of RNs, caregivers, and administration staff. The operations manager and clinical nurse</p>
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		<p>manager have completed over eight hours of training in relation to managing an aged care facility, including attendance of the regular Care Association New Zealand meetings and associated training.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Palms Home and Hospital has an established quality and risk management system. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. Quality improvement plans have been documented and include monitoring of progress on clinical indicators as well as services that ensure quality outcomes for the residents' wellbeing. The service has attained a continuous improvement rating in relation to their cultural responsiveness (link 1.4.2).</p> <p>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. An external consultant reviews all policies, with these updated to reflect practice at Palms Home and Hospital if required. A document control system is in place. Policies are regularly reviewed to align with standards and contractual requirements. Any new policies or changes to policy are communicated to staff. The comprehensive suite of policies and procedures guides staff in the provision of care and services.</p> <p>The integrated staff meetings are held monthly and include all managers and staff and covers all aspects of quality and risk programme. At least one director attends these meetings. The meetings provide an avenue for discussions in relation to (but not limited to) quality goals (key priorities); quality data; health and safety; infection prevention and control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data have been completed as scheduled. Corrective actions were documented where indicated to address service improvements, with evidence of</p>

	<p>progress and sign off when achieved. Corrective actions are discussed at the integrated meetings to ensure any outstanding matters are addressed. There are procedures to guide staff in managing clinical and non-clinical emergencies. Quality data and trends in data are posted, and accessible to staff in their staff room and nurses' stations.</p> <p>Resident and family/whānau satisfaction surveys were completed in September 2023 and March 2024 with results that demonstrated satisfaction with service delivery. There were no corrective actions required around the comments made in the surveys. The service completes a separate food satisfaction audit with last one completed in January 2024 and results demonstrating satisfaction. Feedback from the surveys has been shared with residents during the resident meetings. Family/whānau interviewed confirm they know what is happening with the residents through emails, face to face contact and phone calls and felt informed regarding events or other information. Regular resident and family/whānau meetings have occurred as planned. Staff satisfaction surveys were completed with collation of results and quality improvements with timeframes completed in relation to the outcome.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety meetings have been completed as scheduled. The operations manager undertakes the role of health and safety officer for the service and have completed the required training through WorkSafe NZ. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in February 2024. Health and safety policies are implemented and monitored by the health and safety officer.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering employees the employee assistance programme.</p> <p>Staff have completed cultural competency to ensure a high-quality service is provided for Māori. Individual falls prevention strategies</p>
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		<p>are in place for residents identified at risk of falls. A physiotherapist is available through referral to Health New Zealand Counties Manukau. Strategies implemented to reduce the frequency of falls include the use of sensor mats, regular resident checks, comprehensive handovers and the regular toileting of residents who require assistance. Transfer plans are documented, evaluated, and updated when changes occur. Residents are encouraged to attend exercises as part of the activities programme.</p> <p>Hard copy reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, pressure injury, bruise, an abrasion, and skin tears). Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Family/whānau are notified following adverse events (confirmed in interviews). Opportunities to minimise future risks are identified by the clinical nurse manager and operations manager who review every adverse events.</p> <p>Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT around pressure injuries grade three and above and resident absconding the facility. There has been one outbreak of Covid-19 (July 2024) since the previous audit, which was appropriately managed, notified and staff debriefed.</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>	FA	<p>There is a documented rationale for determining staffing levels and skill mix for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. There are clear guidelines for an increase in staffing, depending on resident acuity. The operations manager and clinical nurse managers both work 40 hours ensuring a seven-day cover by a senior person. The managers are on-call 24/7, providing clinical and operational support for staff. The service has a full complement of RNs able to ensure 24/7 RN cover. Interviews with staff, residents and family/whānau confirmed that staffing levels are sufficient to</p>

	<p>meet the needs of residents.</p> <p>The rosters reviewed evidenced RN cover 24/7. The number of caregivers 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 are separate staff dedicated to activities, cleaning, laundry, cooking and food service for seven days a week. Staff and residents are informed when there are changes to staffing levels, as evidenced in staff interviews. Residents interviewed confirmed that their care requirements are addressed in a timely manner. There is a staff member with a first aid certificate on each shift.</p> <p>There is an annual education and training programme being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. The service offers several sessions of the topics to ensure all staff have completed the required mandatory training. Competencies are completed by staff, which are linked to the education and training programme. All staff files reviewed evidenced completion of the competencies. Caregivers are required to complete annual competencies including but not limited to restraint, handwashing, correct use of PPE, cultural safety and moving and handling. A selection of caregivers have completed medication administration competencies. A record of completion is maintained.</p> <p>The service supports and encourages caregivers to obtain a NZQA qualification. Out of a total of 21 staff, 11 have achieved a level 3 NZQA qualification or higher, five at level 2 and the remaining five at level 0. External training opportunities for care staff, including RNs, include training through Health New Zealand Counties Manukau and the Hospice.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Three of the seven RNs (including the operations manager) are interRAI trained. All RNs are encouraged to attend in-service training and complete additional training, including infection prevention and control, including pandemic preparedness, end of life and palliative care. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and</p>
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		<p>health equity. Staff confirmed that they were provided with resources during their cultural training. Staff meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Staff have access to an Employee Assistance Programme (EAP). The staff and management collaborate to ensure that there is 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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Palms Home and Hospital operations manager takes responsibility for all recruitment processes. Six staff files were reviewed (the clinical nurse manager, duty manager, one cook, two care givers and one RN), evidenced implementation of the recruitment process, employment contracts, and completed orientation. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. All performance appraisals were completed as per the appraisal schedule. 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. A new staff member confirmed that they were buddied and supported with an orientation to all shifts. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p>
Subsection 2.5: Information	FA	There is a resident records policy. Resident files and the information

<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>associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is 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. Documentation is archived following transfer or discharge resident. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Seven admission agreements reviewed align with all service 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 received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The operations manager and duty manager are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Palms Home and Hospital is</p>



		<p>committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes and liaison with community and church groups.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Seven files were reviewed for this audit. This included five hospital residents (one LTS-CHC) and two rest home residents (one LTS-CHC). The clinical nurse manager and the RNs are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review process as evidenced in the files reviewed.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected, and an initial care plan completed at time of admission. All reviewed files (including those under LTS-CHC contracts) had interRAI assessments completed. All files reviewed confirmed that the initial interRAI assessments and initial long-term care plans were completed in a timely manner. The long-term care plan included interventions to guide care delivery, which were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly or when residents' needs changed. Evaluations reviewed did not always reflect evaluation of the care plan and link to goals and interventions. Short-term care plans for infections, weight loss, and wounds were well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>A general practitioner (GP) from a contracted local practice ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides</p>

	<p>on-call service for after hours and visits the facility at least weekly. The clinical nurse manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP expressed satisfaction with the standard of care at Palms Home and Hospital. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an on- call physiotherapist and dietitian. A podiatrist visits six to eight-weekly and a speech language therapist, occupational health therapist, continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs. The RNs further add to the progress notes if there are any incidents, GP visits or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/ whānau confirmed this. When a resident's condition alters, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were five residents with minor wounds, one stage one skin and one unstageable pressure injury on the day of audit. All wounds were reviewed and had comprehensive wound assessments, wound management plans and documented evaluations, including photographs (if required to show healing progression. The wound care specialist can be accessed for input to chronic wounds and pressure injuries. The caregivers and RNs interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid</p>
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		<p>chart; pain; behaviour; blood glucose levels; repositioning and restraint monitoring. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is one activities coordinator who provides activities full time during the weekdays. The activities coordinator is supported by the operations manager who is a trained diversional therapist. The programme is supported by the caregivers. At the weekend, the activities coordinator leaves a range of activities for residents with a movie for the Saturday and there is a church service and visiting church groups on Sunday.</p> <p>The programme is planned monthly and weekly. The weekly calendar is placed in large print on the noticeboards in all areas. Those residents who want one can have a copy in their rooms. The activities team facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities have one-on-one visits and activities such as manicures, hand massage and chit-chat. There are lounges where residents and families/whānau can watch television and access newspapers, games, puzzles and books.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading, music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; housie; happy hour;</p>

		<p>and cooking. There are regular van drives for outings, regular entertainers visiting the residents, and interdenominational church services.</p> <p>There are resident meetings planned monthly with minutes available to residents, and family/whānau. Family/whānau are welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. RNs and caregivers interviewed could describe their role regarding medication administration. The facility uses robotic rolls for regular use and bottles and packs for 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the GP and charted on the electronic medication charts. There are currently no over the counter vitamins, supplements or alternative therapies in use.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. There were no residents</p>

		<p>self-medicating on the days of audit.</p> <p>Pro re nata (PRN) medications are administered as prescribed and effectiveness is documented on the electronic medication system or in the progress notes. Medication competent caregivers or RNs sign when the medication has been administered. There are no vaccines kept on site. The facility uses standing orders, and these meet all medication guidelines. 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.</p> <p>The RNs and clinical nurse manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.</p>
<p><b>Subsection 3.5: Nutrition to support wellbeing</b></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>All meals and baking are prepared and cooked on site. The kitchen service complies with current food legislation and guidelines. The kitchen was observed to be clean, well-organised and well equipped. The food plan was certified and is current until 19 June 2025. Food stored in the chiller has dates of opening and expiry dates on the containers.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian (20 July 2024). The cook is supported by kitchen hands. Food services staff have all completed food safety and hygiene training.</p> <p>There is a food services 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 residents with weight loss. The cook (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. There are diverse ethnic groups at the facility and every effort is made to cater for their needs. Resident preferences are considered with menu reviews. Rice,</p>

		<p>curries and stir fries are provided several times a week. Taro, green bananas and coconut milk are included in the menu and the Māori residents are provided with a “boil up” when requested. Residents have access to nutritious snacks. When interviewed care givers demonstrated their understanding of tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff.</p> <p>The cook completes a daily diary, which includes 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 clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are plated and served directly to residents in the dining room. Residents may choose to have their meals in their rooms. Food going to rooms on trays was observed to be covered to keep the food warm and the meals were hot and well presented. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area. Modified utensils are available for residents to maintain independence with eating as required.</p> <p>The residents and family/whānau interviewed were complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback 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</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau are involved for all transfers and 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 clinical nurse manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific</p>

coordinate a supported transition of care or support.		transfer documentation.
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness which expires 30 September 2024. There is an experienced maintenance person who works three days a week to address day to day repairs and completed planned maintenance. The lawns and garden are maintained by a contracted gardener. Essential contractors such as plumbers and electricians are available 24 hours as required. There is a maintenance request book for repairs and maintenance requests which is located at reception. The maintenance book is checked daily and signed off when repairs have been completed.</p> <p>The annual preventative maintenance plan includes electrical testing and tagging and calibration of medical equipment (next due November 2024), call bell checks, and monthly testing of hot water. Review of records confirmed that hot water temperature checks have been completed as schedule and were within recommended range. The facility vehicle used for transporting residents has a current warrant of fitness and licence. Staff using the vehicle have current driving licences.</p> <p>Hoists are stored in the corridor and the storage area is delineated with hazard tape. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility and are able to personalise their room. All resident rooms are single occupancy with shared ensuites, and privacy systems are in place for these areas. Residents interviewed confirmed that their privacy was maintained when using the ensuites. Residents were observed moving freely around the areas with mobility aids where required. Low profile rubber ramps on the thresholds of doors leading to the outside areas enable independent and safe movement to these areas. The care givers interviewed stated there was enough equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways, ensuites and communal toilets. The hallways can accommodate residents with a mobility aid and an escort as needed. The bedrooms have room for the placement of</p>

		<p>armchairs. The dining room is adjacent to the kitchen servery. All resident rooms and communal areas provide enough room to enable safe use of resident equipment. Activities take place in the large communal lounge. There is a smaller lounge which has access to a large balcony and the garden.</p> <p>There are two large outdoor areas with outdoor seating and extensive shaded areas. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is underfloor heating throughout the facility. There is plenty of natural light in the bedrooms and lounges.</p> <p>The Palms Home and Hospital is currently not engaged in construction. If this were to happen, the operations manager described how they would utilise their links with the kaumātua and local iwi 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/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 21 August 2006. Fire evacuation drills are held six-monthly and was last completed 20 June 2024.</p> <p>Civil defence supplies are stored in an identified cupboard and at the nurses' station and are checked six-monthly. In the event of a power outage, there is access to back- up generator available through Generator Rental Services and gas cooking (BBQ with gas bottles). There is adequate food supply available for each resident for minimum of three days. First Aid supplies are available and have been checked regularly.</p> <p>In the event of a civil defence emergency, there are adequate supplies including water supplies (two water tanks) to provide</p>



		<p>residents and staff with three litres per day per person, for a minimum of three days. Emergency management is included in staff orientation and the ongoing education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. There are panels in the hallways to alert staff of who requires assistance. Call bells are tested as per maintenance schedule. The residents were observed to have their call bells in close proximity and staff were observed to be responsive to call bells on the days of the audit. Residents and families/whānau interviewed confirmed that call bells are answered promptly.</p> <p>The facility is secured at night and there are security cameras located at reception/entrance, and throughout the facility and outdoors. Footage can be accessed by management. There are sensor lights at the main entrance. The main entrance gates are locked each night at sunset and opened at sunrise.</p>
<p><b>Subsection 5.1: Governance</b></p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>An infection prevention and control programme, including antimicrobial stewardship (AMS), is an integral part of the Palms Home and Hospital business, quality and risk management plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and AMS can be accessed through Public Health, and Health New Zealand Counties Manukau. Infection prevention and control and AMS resources are accessible. The infection prevention and control programme is reviewed annually by the clinical nurse manager and the operations manager; with this last completed in November 2023.</p> <p>The infection control committee meets monthly. Infection rates are presented at the staff and integrated meetings with opportunities to follow-up on corrective actions documented in the minutes reviewed. Any significant events are managed using a collaborative approach that involves the clinical nurse manager, management team (including the operations manager and the duty manager), general</p>

		<p>practitioner and the public health team.</p> <p>There is a documented pathway for reporting of infections and AMS issues through the clinical nurse manager to the operations manager, who reports to the directors as required. One of the directors attends the staff and integrated meetings and as governance are aware of the service's responsibility for delivering the infection prevention and control and antimicrobial programmes. The directors are kept informed by the operations manager of any outbreaks and significant infection control risks as they occur. The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control is linked into the quality, risk and incident reporting system.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical nurse manager (RN) is designated as the infection prevention and control coordinator. The infection prevention and control coordinator's role, responsibilities and reporting requirements are defined in the signed job description. The infection prevention and control coordinator has completed training and ongoing education through online training from the Ministry of Health and Ko Awatea The infection prevention and control coordinator has access to shared clinical records and diagnostic results of residents.</p> <p>There is a defined and documented infection prevention and control programme implemented that was developed with input from external infection prevention and control services. The programme was approved by the operations manager and the directors. Policies comply with relevant legislation and accepted best practice, reflect the requirements of the infection prevention and control standards, and include appropriate referencing.</p> <p>The infection prevention and control programme's annual review was last completed in November 2023. The review highlighted any updates or changes to the programme. The governing body has approved the infection prevention and control programme, with this continuing to be reviewed and reported on annually. The infection prevention and control programme is linked to the quality and risk</p>

	<p>management programme, with all aspects of infection prevention and control discussed at relevant meetings.</p> <p>The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources, including personal protective equipment (PPE), were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required. The infection prevention and control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received infection prevention and control education at orientation and through ongoing annual education sessions. staff education has been provided in response to the Covid-19 outbreak and staff were informed of any changes by noticeboards, handovers, and emails. Debrief meeting was held afterwards to improve on 'lessons learned'. Education with residents was on an individual basis and as a group in residents' meetings, and included reminders about hand hygiene and advice about remaining in their room if they are unwell as confirmed in interviews with residents. Family/whānau confirmed that they had been kept up to date with any changes to managing outbreaks.</p> <p>The infection prevention and control coordinator liaises with the operations manager on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Health New Zealand Counties Manukau. The service has no current plans to build or undertake changes to the existing facility. Interview with the infection prevention and control coordinator and operations manager confirms that if they have plans for facility changes, they will consult with local iwi to ensure that the views and aspirations of Māori are reflected.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection prevention and control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, and kitchen staff were observed following appropriate infection prevention and control</p>
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		<p>practices, such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves.</p> <p>The infection prevention and control coordinator reported that residents who identify as Māori are consulted on infection prevention and control requirements as needed. In interviews, staff understood these requirements. There was evidence the service incorporates te reo Māori information around infection control for Māori residents and encourages culturally safe practices that acknowledge the spirit of Te Tiriti o Waitangi. Educational resources in te reo Māori are accessible and available.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has an antimicrobial use policy and procedure and the infection prevention and control coordinator monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort which has been approved by the governance body. The infection prevention and control coordinator works in partnership with the general practitioner to ensure best practice strategies are employed at Palms Home and Hospital. The programme has been developed using evidence based antimicrobial prescribing guidance and expertise. Palms Home and Hospital has an infection prevention and control and antimicrobial stewardship programme that aligns with the business quality and risk management plan. Infection rates are monitored monthly and reported at staff and the integrated meetings. Significant events are reported to the operations manager and directors immediately. Prophylactic use of antibiotics is recorded and monitored by the clinical nurse manager and the GP.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>The infection prevention and control 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 if there are any concerns. Data reviewed for the past year evidenced a low rate of infections each month across the service (between zero and five per month</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>excluding an outbreak of Covid -19). The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service collects and analyses ethnicity data in the surveillance of healthcare-associated infections.</p> <p>Infection prevention and control audits were completed, including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and audits outcomes at the staff and integrated meetings, with minutes readily available and accessible thereafter. 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 were also informed 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 one outbreak reported since the last audit (Covid-19 outbreak) between June and July 2024 which affected 10 residents. Anti-viral medications were prescribed and administered as clinically indicated. The outbreak was well managed and external providers were appropriately notified. Family/whānau were kept informed by phone or email. The facility remained open, and PPE was available to visitors coming into the facility.</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</p>	<p>FA</p>	<p>Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer's labels. Cleaning chemicals are kept on the cleaning trolley and always in sight of staff. When not in use the trolley is kept in a locked cupboard. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice room with a sanitiser, separate hand hygiene/washing facilities and flowing soap and paper towels. Eye protection wear and other</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.</p> <p>There are designated cleaners. 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 hygienically clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of cleanliness to ensure standards are maintained. Audits completed have not revealed any issues.</p> <p>All clothing and linen is laundered on site. The laundry area is accessible to staff and was secure when not in use. The laundry area is well designated with a dirty area on one side and clean area on the other. Personal laundry is delivered back to residents in baskets labelled with their names and room numbers and linen is delivered to cupboards on covered trollies. There is enough space for linen storage. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. The two commercial washing machines and two dryers are checked and serviced regularly.</p> <p>The infection prevention and control coordinator oversees the implementation of the cleaning, laundry, and audits.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The operations manager attends all restraint meetings and is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing.</p> <p>The designated restraint coordinator is the clinical nurse manager. There are currently four hospital level care residents listed on the restraint register as using restraints. The residents use bed rails to</p>

		<p>provide safety, minimise risk of injury, assistance with bed mobility, and repositioning. The bed rails all have covers.</p> <p>The use of restraint is reviewed monthly by the restraint coordinator and reported at the staff meetings and to the operations manager. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes, as required. The restraint coordinator interviewed described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Restraint education was last completed June 2024. Seclusion is not used at Palms Home and Hospital.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>A restraint register is maintained by the restraint coordinator. The files of the four hospital residents listed as using restraint were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (e.g., falls prevention strategies, managing behaviours). The residents were using restraint as a last resort and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint is approved by the GP and reviewed six monthly. No emergency restraints have been required; however, the use of emergency restraint is included in the restraint policy.</p> <p>Monitoring forms are completed for each resident using restraint and review of the resident records confirmed that they have been completed as scheduled. Restraints are scheduled to be monitored two to four-hourly or more frequently should the risk assessment indicate this is required. Monitoring includes resident's cultural, physical, psychological, spiritual and psychosocial needs. No accidents or incidents have occurred as a result of restraint use. Restraints are regularly reviewed and discussed in the staff meetings. The formal and documented review of restraint use takes place annually, with the last one completed in November 2023.</p>

<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The annual review is completed by the restraint coordinator, operations manager and the GP. The outcome of the internal audit is discussed in meetings. The restraint coordinator reports to all staff at monthly meetings. This report includes a review of restraint use, restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process. Restraint data, including any incidents, are reported as part of the restraint coordinator reporting to the operations manager. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.</p> <p>To date emergency restraint has not been used; however, in the event that it was a debrief with staff would be carried out as per policy</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 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</p>	PA Low	<p>Evaluation of the care plan is completed six monthly or as required. The GP and allied health professionals contribute where appropriate. Activity staff document an activity evaluation at the same time. Seven care plan evaluations reviewed did not demonstrate evaluation that links to progress towards goals and achievement of interventions. Most of the evaluation entries for the seven care plans documented were intervention statements and did not demonstrate progress towards goals and outcomes. This includes statements in the evaluations such as “blood sugar level is checked five times a day and prn”; “Infection control hygiene to be well maintained at all times”; “has a history of falls”; “problem-skin, evaluation - resident has osteoarthritis”</p>	<p>Seven out of seven files (five hospital and two rest home) reviewed did not comprehensively provide details to reflect evaluation of the care plans that link to goals and interventions with outcomes.</p>	<p>Ensure evaluations provide details to reflect evaluations of the care plan objectives and goals which link to goals and interventions</p> <p>90 days</p>

<p>collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (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>				
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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 1.4.2</p> <p>My service provider shall be responsive to my identity, which could include my values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristics.</p>	<p>CI</p>	<p>People’s identities and the things that are important to them shape the care and support provided to the residents at Palms home and hospital. Palms Home and Hospital has significant diversity within the residents they provide care for. Of the 44 residents admitted at the facility 10% are of Māori descent; 38% Pasifika; 20% Indian; 5% Asian; 24% NZ European and 3% other cultures. The identified issue that necessitated a continuous improvement related to the residents expressing that there was a gap in staff awareness of the resident’s identity, understanding residents spiritual and cultural needs.</p>	<p>In January 2024 questionnaires related to cultural safety were distributed to residents with a 100% return rate. The feedback showed that the residents felt culturally safe however 70% of the responses felt that staff had poor understanding of specific resident’s cultural needs and not able to pronounce the resident names correctly. The service then ensured all staff completed a cultural competency, comprehensive cultural assessment with residents and family/ completed for all admissions with significant detail related to their spiritual and resident specific cultural requirements; signage done in te reo Māori, Pasifika and other languages for the code of rights, admission information, infection prevention and control and displayed for all staff. Preferred names displayed on the resident doors and name pronunciations were discussed at handovers by</p>

			<p>staff.</p> <p>A further cultural survey completed in April 2024 demonstrated a 100% satisfaction with resident comments evidencing that they felt staff were more knowledgeable regarding resident specific cultural and spiritual requirements, diversity and able to pronounce their names. Knowledge gained included having an understanding to the resident's ethnic background, name pronunciation, food preferences, eating pattern and health practices. The residents felt valued and interviews with the residents on the days of the audit confirmed that their cultural requirements were upheld by all staff.</p> <p>The service continues to ensure that for any new staff, a cultural competency is completed within the first two weeks of employment; resident assessments are detailed and specific requirements including name pronunciations are implemented.</p>
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End of the report.