# Parkwood Trust Incorporated - Parkwood Retirement Village

## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Parkwood Trust Incorporated

**Premises audited:** Parkwood Retirement Village

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

**Dates of audit:** Start date: 5 September 2024 End date: 5 September 2024

**Proposed changes to current services (if any):** None, Parkwood has recently had approval from Manatū Hauora to increase dual care (rest home or hospital) beds in the service from 15-18 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 83

# Executive summary of the audit

## Introduction

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

* ō tātou motika **│** our rights
* hunga mahi me te hanganga │ workforce and structure
* ngā huarahi ki te oranga │ pathways to wellbeing
* te aro ki te tangata me te taiao haumaru │ 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 |
|  | A number of shortfalls that require specific action to address | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some subsections applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Parkwood Lodge provides rest home and hospital level care for up to 93 residents. The facility is owned by Parkwood Trust Incorporated and is managed by an experienced lodge manager who has clinical oversight of the facility. Residents and whānau interviewed were complimentary about the service and stated that the care provided was to a high standard.

This surveillance audit process included review of policies and procedures, review of residents’ and staff files, observations, communication and interviews with residents, whānau, members of the governance group, managers, staff and a general practitioner.

No corrective actions were identified in the previous (certification) audit. An improvement required from this audit relates to the menu review.

## 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. |

Parkwood Lodge provided an environment that supported residents’ rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination, or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

Complaints were resolved promptly, equitably and effectively in collaboration with all parties involved. There were processes in place to ensure that the complaints process works equitably for Māori. There have been no complaints received by the service from external sources since the previous audit. A coroner’s enquiry, which was ongoing at the previous (certification) audit, has now been closed.

## 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. |

The organisation is governed by Parkwood Trust Incorporated, which works with managers within the service at Parkwood Lodge to monitor organisational performance and ensure ongoing compliance. The governing body assumes accountability for delivering a high-quality service; this includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika and tāngata whaikaha (people with disabilities).

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals.

A clinical governance structure meets the needs of the service, supporting and monitoring good practice.

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. An integrated approach includes collection and analysis of quality improvement data, identifies trends, and leads to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| --- | --- | --- |
| 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. |

Staff at Parkwood Lodge work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any recent problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the cultural needs of the residents. Food was safely managed and supported by an approved food control plan.

Residents were referred or transferred to other health services as required.

## Te aro ki te tangata me te taiao haumaru │ 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. |

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical and biomedical equipment was evaluated as required.

Whilst there have been no changes to the building since the previous audit, services have changed. Manatū Hauora authorised an increase in dual-purpose (rest home or hospital) beds from 15 to 18 on 17 November 2023; these were audited as being appropriate for the service extension at this audit.

## 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. |

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and is reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control, supported by relevant infection prevention and control education.

The surveillance of health care-associated infections (HAI) programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi │ Restraint and seclusion

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| --- | --- | --- |
| 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. |

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## 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 | 17 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 49 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Subsection with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Subsection 1.1: Pae ora healthy futures  Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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. | FA | Parkwood Lodge (Parkwood) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori Wellbeing Policy (Ngā Tikanga Kia Mua) and the Residents’ Rights Policy describe a respect for mana motuhake. This was reflected in the interviews with managers and staff and the documented values of the organisation.  Partnerships have been established with tāngata and (local) mana whenua organisations (Waikanae Marae – Ati Awa, Ngāti Toa and Ngāti Ruakawa) to support service integration, planning, equity approaches, and support for Māori. The service also has a cultural/spiritual team made up of staff in the service who are available for cultural/spiritual support; they were able to confirm that the processes in place at Parkwood were culturally appropriate for Māori. There were no Māori residents in the facility at the time of audit. |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa  The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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. | FA | Parkwood has a Pacific health plan in place, developed with input from cultural advisers, which describes how the organisation will respond to the cultural and spiritual needs of Pasifika residents. The plan documents care requirements for Pacific peoples to ensure equitable and culturally appropriate services and a culturally appropriate model of care (Fonofale) to guide culturally safe services. There were no residents who identified as Pasifika in the facility during the audit. The service has access to a local Pasifika chaplain and the cultural/spiritual team (made up of staff in the service) to provide specific advice for Pasifika should this be required in the future. |
| Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements. | FA | Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were observed supporting residents in accordance with their wishes.  Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. |
| Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse. | FA | Residents receive services free of discrimination, coercion, harassment, exploitation, abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.  Residents reported that their property and finances were respected and protected. |
| Subsection 1.7: I am informed and able to make choices  The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control. | FA | Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed and, where appropriate, their whānau felt empowered to actively participate in decision-making.  Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. | FA | A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. Documentation sighted showed that complaints had been addressed, with complainants informed of findings following investigation. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Advocacy information is readily available to support the complaints process.  There are also processes in place to ensure complaints from Māori (if admitted to the service) can be managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).  Whilst there have been no complaints received from external sources since the previous audit, a coroner’s referral was ongoing at the last (certification) audit. The whānau involved were not concerned about the care provided to the deceased resident by Parkwood Lodge and the coroner has since decided not to open an enquiry (letter dated 26 June 2024). |
| Subsection 2.1: Governance  The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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. | FA | The governing body of Parkwood Trust Incorporated (Parkwood Trust) assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika and tāngata whaikaha. Legislative and clinical requirements are monitored, and Parkwood has access to legal advice if this is required.  The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., trilingual signage in English, te reo Māori, and New Zealand Sign Language) and information in other languages for the Code of Rights, advocacy services, and infection prevention and control). Parkwood promotes appropriate models of care specific to residents’ cultural needs, including for Māori and Pasifika.  Governance commits to quality and risk via policy and processes and through feedback mechanisms. Parkwood Trust board minutes sighted demonstrated leadership and commitment to quality and risk management and included the reporting of adequate information to monitor performance.  The clinical governance structure is appropriate to the size and complexity of the organisation. The lodge manager (LM) at Parkwood is a registered nurse (RN) who has been employed at Parkwood Lodge for a number of years. The LM confirmed knowledge of the sector, including regulatory and reporting requirements.  The service holds contracts with Health New Zealand – Te Whatu Ora (Te Whatu Ora) for the provision of age-related residential care (ARRC) at rest home and hospital level. The service also holds contracts to provide short-term (respite) services and with the Accident Compensation Corporation (ACC). Eighty-three (83) residents were receiving services at the time of audit: 48 were receiving rest home services and 35 hospital level services. No residents were receiving services under the respite contract or through ACC. |
| Subsection 2.2: Quality and risk  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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.  Policies and procedures reviewed covered all necessary aspects of the service and of contractual requirements and were current.  The quality managers (two) who work in conjunction with the LM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.  Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.  The LM understands essential notification reporting requirements. There have been no Section 31 notifications completed since the last (certification) audit. The LM was aware of new reporting requirements to Te Tāhū Hauora – Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 and SAC2, as well as pressure injury at stage 3 and above. No notifications have been made to Te Tāhū Hauora. |
| Subsection 2.3: Service management  The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. There is 24/7 RN coverage in the hospital.  The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.  Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported in the service and through development opportunities. |
| Subsection 2.4: Health care and support workers  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. 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. 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. | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented. Professional qualifications are validated prior to employment, and thereafter a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (general practitioners, pharmacists, physiotherapist, podiatrist, and dietitian).  Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurs annually, as confirmed in records reviewed. |
| Subsection 3.2: My pathway to wellbeing  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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The multidisciplinary team at Parkwood works in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.  A review of nine files was undertaken and included residents who self-administered medication, residents requiring restraint, residents with a wound, residents with insulin-dependent diabetes, residents with a pressure injury, residents who received care while residing in an apartment under an occupation rights agreement (ARRC in ORA), residents who had had a recent fall, and residents who had suffered a recent acute event.  Timeframes for the initial assessment, medical/nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Staff can, when required, support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified from interviews with residents and their whānau, clinical staff, management, documentation, and staff training records.  The general practitioner (GP) was unable to be interviewed due to their busy schedule that day; however, in an email response, they described the care provided by the RNs and care staff at Parkwood as exemplary and that this had far exceeded the GP’s expectations. |
| Subsection 3.4: My medication  The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.  Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.  Prescribing practices meet requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used at Parkwood, were current, and complied with guidelines.  A number of residents at Parkwood self-administer their medications to varying degrees. Self-administration of medication is facilitated and managed safely. |
| Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing. | PA Low | The menu had been developed in August 2021 in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. However, there had been no review since then. The review process had been initiated and was being undertaken at the time of audit. Evidence of resident satisfaction with meals was verified from residents’ surveys; however, resident and whānau interviews identified some areas of dissatisfaction, and these were being addressed.  The service operates with an approved food safety plan and registration. |
| Subsection 3.6: Transition, transfer, and discharge  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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support. | FA | Transfer or discharge from Parkwood is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Whānau reported being kept well informed during the transfer of their relative. |
| Subsection 4.1: The facility  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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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. | FA | A building warrant of fitness was displayed in the facility and had an expiry date of 20 May 2025. Appropriate systems were in place to ensure the residents’ physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.  Whilst there have been no physical changes to the building since the previous audit, Manatū Hauora approved the increase in dual-care (rest home or hospital) beds from 15 to 18 beds (refer letter 17 November 2023). The change to the services did not require a partial provisional audit and has not required a change to the Fire and Emergency New Zealand (FENZ) approved Fire and Emergency Plan in place. The rooms are of an adequate size to provide for the extended needs of hospital level care residents. Ten (10) rooms (apartments) are available that are suitable for housing couples with consent; five of these are in use currently. The rooms are large and there is enough space to provide care whilst maintaining privacy for occupants.  A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits.  Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents. |
| Subsection 5.2: The infection prevention programme and implementation  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. | FA | The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the infection prevention and control (IPC) programme, which has been developed by those with IPC expertise and approved by the governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the IPCC and review of the programme documentation.  Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)  The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus. | FA | Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the IPC programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff and reported to the governing body. |
| Subsection 6.1: A process of restraint  The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | Achieving a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the board and the LM at operational level. At the time of audit, two residents were using a restraint. Protocols and monitoring for safe restraint were in place and the use of restraint had been reported to the governing body.  Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques and restraint monitoring, as part of the 2024 education programme. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 3.5.1  Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services. | PA Low | The menu had last been reviewed in August 2021 and was verified as meeting the nutritional needs of residents. However, it has not been reviewed since. The kitchen staff are aware of residents’ cultural preferences, likes, dislikes, allergies, and special dietary needs. Residents’ particular dislikes are accommodated, with alternative options provided. Interviews with a number of residents’ whānau who had a meal each day, were complimentary of the meals provided. Interviews with residents, however, verified a number of residents being dissatisfied with the meals. A review of the menu was initiated prior to the audit. | The menu has not been reviewed since August 2021 to verify the menu meets the nutritional needs and food preferences of the residents. | Provide evidence the menu has been reviewed to ensure it meets the nutritional needs of the residents.  180 days |

# 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.

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End of the report.