

Palm Tree Healthcare Limited - Palm Tree Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Palm Tree Healthcare Limited		
Premises audited:	Palm Tree Rest Home		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 18 November 2024	End date: 19 November 2024	
Proposed changes to current services (if any): None			
Total beds occupied across all premises included in the audit on the first day of the audit: 16			

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Palm Tree Rest Home is a limited liability company with three owners. The service provides care for up to 28 residents requiring rest home level of care. On the day of the audit there were 16 residents.

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

The clinical manager (owner and acts also as the facility manager) is a registered nurse and is experienced in management roles. They are supported by a health care assistant lead and by a team of health care assistants who are experienced. They can also draw on staff from other facilities to provide support if needed.

Residents interviewed were very complimentary of the service and care provided.

There were no shortfalls identified at the previous audit.

This surveillance audit identified no shortfalls.

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.

Palm Tree Rest Home provides an environment that supports resident rights and culturally safe care. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service is committed to supporting the Māori health strategies by actively recruiting and retaining suitable qualified Māori staff whenever possible.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family.

There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes 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 clinical manager is a registered nurse and is one of three owners of Palm Tree Rest Home. The owners are members of a group of business partners who own four aged care facilities in Auckland. The business quality and risk management plan is documented and supported by quality and risk management processes. Services are planned, coordinated and are appropriate to the needs of the residents. Processes and systems are monitored by the clinical manager with other owners also involved in review at regular intervals.

Residents receive appropriate services from suitably qualified staff. An orientation programme is in place for new staff. An education and training plan is implemented. Registered nursing cover is provided by the clinical manager at least 20 hours a week and 24 hours a day, seven days a week on call.

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.		Subsections applicable to this service fully attained.
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The clinical manager assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision. The care plans demonstrate service integration.

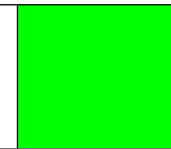
Resident files include medical notes by the general practitioner and allied health professionals if they are involved in care and support. Staff responsible for administration of medications have completed education and medication competencies. The medicine charts reviewed met prescribing requirements and are reviewed at least three-monthly by the general practitioner.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements and allergies are identified at admission.

All resident transfers and referrals to services are completed in collaboration with residents.

Te aro ki te tangata me te taiao haumarū | 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.

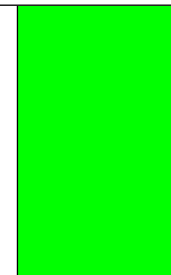


Subsections applicable to this service fully attained.

The building has a current warrant of fitness. There is a planned and reactive maintenance programme in place.

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.

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved at organisational level.

The infection control coordinator is the clinical manager. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking across the four facilities occurs. Education is provided at least annually for the clinical manager and staff.

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.

Palm Tree Rest Home maintains a restraint-free environment. Restraint was not used during the audit. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. Training around management of challenging behaviour is provided at least annually for staff.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori Health Plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The Māori health plan has been written with Māori consultation. The service currently does not have residents who identify as Māori. The clinical manager stated that they would support any resident who identified as Māori to meet their goals as described through the care plans and identification of cultural needs.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health Plan is documented. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare. The clinical manager (one of the owners) has identified a Pacific advisor from Health New Zealand to consult with and to liaise with local Pasifika groups to facilitate advocacy services. This ensures connectivity within the region to increase knowledge, awareness and understanding of the needs of Pasifika, and to assist in developing individual care plans for those residents to improve wellbeing outcomes. There are also Pacific staff who can support the residents if they identify as Pacific. Staff who identified as Pasifika confirmed the support they could and would provide.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The clinical manager or healthcare assistant (HCA) lead discuss aspects of the Code with residents and their family/whānau on admission. The Code is displayed or available in multiple locations in English, Pacific languages, and te reo Māori.</p> <p>Five residents interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Discussions with seven staff (four HCAs, one HCA lead, one diversional therapist (DT), and one cook) and the clinical manager described situations where residents are encouraged to make their own choices on daily cares, timeframes, their engagement in the communities of their choice, and participation in activities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>A staff code of conduct and or house rules is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy refers to professional boundaries which are also described in job descriptions. The clinical manager and staff confirmed that they understand these documents and have training around these concepts. Training records reviewed confirmed training had been completed. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of 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.</p> <p>The service implements a process to manage residents' comfort funds. Residents have enduring power of attorney for finance and wellbeing documented in their files (viewed).</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent. The resident files reviewed included signed general informed consent forms. Consents are present, included sharing of health information, sharing information between services, display photographs and outings. The residents interviewed could describe what informed consent was and their rights around choice. Admission agreements had been signed and sighted for the files reviewed.</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>	FA	<p>The complaints procedure is provided to residents and family/whānau during the resident's entry to the service. The Code is visible and available and is linked to the advocacy service. Complaint forms are easily accessible in the reception area.</p> <p>A complaints register is being maintained. Seven complaints were lodged in 2024 and all were noted to be low level complaints. Three complaints were reviewed, and all had been responded to in a timely manner with evidence of satisfaction from the complainant. The clinical manager acknowledged that they were aware that if Māori complained, they may prefer face to face discussions around the complaint. The clinical manager also confirmed that face to face meetings were offered (and provided) as much as possible to any complainant. The clinical manager also stated an interpreter is provided if required.</p> <p>Discussions with residents confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly.</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>	FA	<p>Palm Tree Rest Home has a total of 28 beds and is certified for rest home level of care. At the time of the audit there were 16 residents. All residents were under the age-related residential care (ARRC) contract at rest home level. There is one boarder.</p> <p>Palm Tree Rest Home is family owned. There is collaboration with He Kāmaka Waiora – Māori health service through Health NZ which reflects in business planning and service development that support outcomes to achieve equity for Māori and tāngata whaikaha. The owners have business partners who own four Auckland aged care facilities. One of the business partners is a Māori elder and advises the owners on cultural requirements. The owners meet at least weekly to discuss any management or clinical changes. The clinical manager (registered nurse) acts as the lead in oversight and monitoring of clinical governance. The structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals by the governance body.</p> <p>A monthly reporting process from quality and risk data is collated for monitoring incidents, adverse events, restraint use (if any), infections, and care plan timeframes.</p> <p>Palm Tree Rest Home has an annual business, quality and risk management plan 2024. This contains identified objectives for their mission, services, and values which link to their strategic direction, and goals are regularly reviewed with outcomes documented. The business, quality and risk management plan reflects a commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Palm Tree Rest Home are holistic in nature, inclusive of cultural identity, and respect connection to family, whānau and the wider community.</p> <p>The annual quality and risk management programme reflects evidence of regular compliance and risk reporting that highlight operational goals. Outcomes and corrective actions are shared and discussed in all staff meetings.</p>
Subsection 2.2: Quality and risk	FA	Palm Tree Rest Home is implementing a quality and risk management

<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>programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Clinical indicator data (e.g., falls, skin tears, infections, episodes of behaviours that challenge) is collected, analysed and benchmarked across the facilities owned by the same owners. Meeting minutes reviewed evidence quality data is shared in staff meetings. Internal audits are completed by the clinical manager. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved.</p> <p>Staff meetings and a staff 'Messenger' app provide an avenue for discussions in relation to any changes or to quality data; health and safety; infection control/pandemic strategies; complaints; compliments; staffing; and education. Meetings have been completed as per schedule and the minutes sighted provide evidence of corrective actions having been implemented and signed off.</p> <p>A health and safety system is being implemented with the service having trained health and safety representatives. Hazard identification forms and an up-to-date hazard register were sighted. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Health and safety training begins at orientation and continues annually. Eleven accident/incident forms reviewed indicated that the electronic forms are completed in full and are signed off by the clinical manager. Incident and accident data is collated monthly and analysed by the clinical manager. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with HCAs as confirmed through interviews with HCAs. Results are discussed in the staff meetings.</p> <p>The clinical manager follows the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings. Discussions with the clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has not been any requirement to document any Section 31's and there have not been any outbreaks since the last audit. The service uses SAC reporting to identify risk and to meet reporting requirements to external providers.</p>
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<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>A policy is in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The CM works at least 20 hours over six days in Palm Tree Rest Home and is available at any time depending on assessments and care planning reviews required. The CM is on call 24/7.</p> <p>HCA's undertake laundry and cleaning duties. There are nursing students at times who also support the HCAs who work only under the supervision of the HCA lead or CM. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support. Residents interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually and includes all required training sessions. There is an attendance register for each training session and an individual staff member record of training. Educational courses offered include in-services, competency questionnaires, online learning, and external professional development. All HCAs have current medication competencies along with other competencies including hand hygiene and restraint. The CM has completed interRAI training. HCAs have also completed level two, three or four New Zealand Qualifications Authority certificate.</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</p>	FA	<p>A register of practising certificates is maintained. The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support HCAs to provide a culturally safe environment to Māori. HCAs including the HCA lead interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p> <p>Five staff files reviewed (diversional therapist, cook, three HCAs) included evidence of the recruitment process and confirmation that orientation was completed. Staff interviewed stated that new staff were adequately orientated to the service. Performance is discussed as</p>

services.		required and annually with documentation of the performance appraisal. All staff files reviewed included a completed performance appraisal.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The CM is responsible for all residents' assessments, care planning and evaluation of care. These are completed in partnership with the resident and family/whānau if the resident wishes for them to be involved. Five resident files reviewed confirmed that initial assessments and care plans are completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>The individualised long-term care plans are developed with information gathered during the initial and the interRAI assessments and completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. Short-term care plans (STCP) are developed for acute problems, for example, skin lesion, conjunctivitis, infection, a sudden change in mood. Any short-term care plan showed evidence that the issues had been resolved in an appropriate timeframe.</p> <p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. The GP visits the facility monthly and as requested. Documentation and records reviewed were current. The GP is available after hours and on interview stated that there was good communication with the service and that they were informed of concerns in a timely manner.</p> <p>Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. There were no wounds on the day of audit. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence, wound or other specialists can be accessed as required.</p> <p>Monitoring charts are available to be used as required. One resident had a behavioural management plan with a form that was updated if there</p>

		<p>were any episodes of behaviours that challenged. Monitoring of neurological observations occurred for residents who had an unwitnessed fall (as confirmed in 10 incidents where a resident had had an unwitnessed fall); vital signs; weight; intentional rounding. Charts were implemented according to the care plan interventions. The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the CM. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the CM. The evaluations include the degree of achievement towards meeting desired goals and outcomes. HCAs interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery and confirmed that they were aware of the resident's care needs. Progress notes are entered by the HCAs after each duty. The CM further adds to the progress notes if there are any incidents or changes in health status.</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>	FA	<p>Policies and procedures are in place for safe medicine management. Medications are stored safely in a locked cupboard. The CM and medication competent HCAs administer medications. All robotic roll packs or blister packs are checked on delivery against the medication charts.</p> <p>Policies and procedures for residents self-administering medications are in place and this includes ensuring residents are competent, and the safe storage of medications. There were no resident self-administering medications on the day of the audit.</p> <p>The medication fridge and cupboard temperatures are recorded and maintained within the acceptable temperature range. All medications with a short shelf life after opening sighted in the medication trolley were dated on opening. All medications no longer required are returned to pharmacy. There were no expired drugs on site on the day of the audit. There are no standing orders.</p> <p>Ten medication charts were reviewed and met prescribing requirements.</p>

		Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. One medication competent HCA was observed administering medications correctly on the day of audit.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. Allergies are documented when identified (there were no allergies at the time of audit). The food control plan was current – expiry 26 March 2025.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. There was evidence that residents were involved for all discharges and transfers to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided as described by the CM with risks identified and communicated.
Subsection 4.1: The facility	FA	There is a building warrant of fitness certificate that expires on 20 July 2025. There is an annual maintenance plan that includes electrical testing

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>and tagging, calibration of medical equipment and monthly testing of hot water temperatures. Testing and tagging of electrical equipment have been completed in 2024. Checking and calibration of medical equipment, hoists and scales was also completed in 2024.</p> <p>Each resident is encouraged to furnish their room as they wish with personal items seen in all rooms viewed. Communal areas also reflect resident's cultures. The owners are investing in the refurbishment of the facility with the dining area currently in progress. The owners have completed interior painting of the facility with new carpet laid in the hallway and bathroom upgrades completed.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service implements a clearly defined and documented infection prevention and control (IPC) programme that was developed with input from external IPC services. The CM approved the current IPC programme, which is linked to the quality improvement programme. IPC policies were developed by suitably qualified personnel, complied with relevant legislation, and accepted best practices. Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>Staff have received education in IPC at orientation and through ongoing annual online education sessions. Additional staff education has been provided over the past years in response to the Covid-19 pandemic. Education with residents was on an individual basis or as a group. This includes reminders about handwashing and advice about remaining in their rooms if they are unwell. This was confirmed in interviews with residents. The CM has completed education around IPC relevant to their role in 2024.</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>	FA	<p>The IPC surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity data, is collated and action plans are implemented. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. The results of surveillance are reported back to the governing body by the</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>CM.</p> <p>Infection prevention audits were completed including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions are implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, and these were sighted in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease, and action advised. Any new infections are discussed at shift handovers, and early interventions are implemented.</p> <p>The CM reported that outbreaks are reported as required with appropriate notification completed. There have not been any outbreaks reported since the last audit.</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 service is committed to providing a restraint-free environment. Robust strategies are in place to eliminate restraint use. The CM and staff are responsible for the organisation's restraint elimination strategy and for monitoring restraint in the organisation. Documentation confirmed that restraint is discussed at staff meetings with the CM present at all meetings. Relevant information is presented to the governing group by the CM.</p> <p>There was no restraint in use on the days of the audit. Staff and the restraint coordinator (CM) confidently discussed the alternatives to restraint use. Staff interviews and staff records evidenced that there is ongoing training on calming and de-escalation and staff are familiar with managing challenging behaviour. Training is provided at least annually.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.