

Kinoy Ale-Port Limited - Paramount HealthCare

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Kinoy Ale-Port Limited
Premises audited:	Paramount HealthCare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 13 February 2025 End date: 14 February 2025

Proposed changes to current services (if any): A notification of reconfiguration was requested to reconfigure five existing rest home beds to dual purpose beds. The partial provisional audit verify the providers preparedness to provide hospital level of care. The beds are suitable for dual purpose use. As a result of the change, the overall numbers remains 25 with 20 rest home beds and five dual purpose beds. The one double room suitable for rest home will remain.

Paramount do not provide dementia services. Please remove this from the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 11

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

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

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

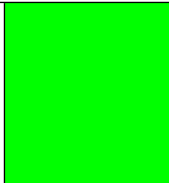
The facility manager/director is appropriately qualified and experienced and is supported by a clinical manager/director. There are quality systems and processes implemented. Feedback from residents and families/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

Additionally, a partial provisional audit was completed to verify the conversion of five rest homes rooms to dual purpose (rest home/hospital). The audit identified that the equipment requirements, allied health input, and documented systems and processes are appropriate for providing care to five dual purpose residents. The service is planning to provide short term hospital level care as soon as hospital level certification is approved.

This certification audit identified improvements are required in relation to effectiveness of as required medication.

The partial provisional audit identified improvements are required in relation to access ramps and staffing.

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.
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Paramount Healthcare provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. The service works to embrace, support, and encourage te ao Māori and provide high-quality and effective services for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The facility manager and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers Rights (the Code) are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Services are planned, coordinated, and are appropriate to the needs of the residents. The annual business plan is reflected in aspects of the annual quality plan. Service objectives are defined and regularly reviewed at executive meetings. Internal audits, and the collection/collation of data were documented as taking place as scheduled, with a robust corrective action process implemented. Quality and risk performance is reported in executive and staff meetings.

Health and safety processes are implemented, led by a health and safety representative. Health and safety is a regular agenda item at all meetings. Contractors and staff are orientated to health and safety processes.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme that covers relevant aspects of care and support.

The staffing policy aligns with contractual requirements and includes 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 ora | Pathways to wellbeing

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

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

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

Residents' food preferences and dietary requirements are identified at admission and all meals are outsourced. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. A current food control plan is in place and menus have been reviewed by a dietitian.

Discharge and transfers are coordinated and planned.

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.

Some subsections applicable to this service partially attained and of low risk.

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

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

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 consumers, service providers and visitors. The infection prevention control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is

provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. There has been one Covid-19 outbreak, and this has been well documented.

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility has been restraint free since the current ownership commenced in April 2024. Restraint would only be considered as a last resort only after all other options were explored.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	0	165	0	2	1	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Paramount Healthcare has embraced Māori culture, beliefs, traditions and te reo Māori, and is committed to respecting the self-determination, cultural values, and beliefs of their residents and family/whānau. The cultural safety policy states the service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi. The Māori health plan confirms the organisation is committed to ensuring that the needs of Māori residents are met in a way that is culturally safe and acceptable to both the resident and their whānau/hapu/iwi. The service has a relationship with a Māori coordinator from Health New Zealand services, who can provide support and advice when there is a resident in the facility who identifies as Māori. The service has communicated with local Māori marae and cultural groups. At the time of the audit there were no residents that identified as Māori.</p> <p>Paramount Healthcare is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and has implemented the use of te reo Māori and tikanga Māori into everyday practice. Initiatives included Māori signage, welcoming processes for new residents and staff, and embedding a culture of acceptance. The facility manager (registered nurse) and</p>

		<p>clinical manager advised they encourage and support applicants who identify as Māori through the employment process and encourage all staff to participate in ongoing education. The facility manager is currently attending a local te reo community group to learn te reo Māori on a weekly basis (informal). The clinical manager has completed online courses on Te Tiriti o Waitangi and on equity in healthcare.</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 Ola Manuia Pacific Health plan sits within the specific cultural policies which have been developed by an external provider. The Pacific Peoples policy, Cook Island culture policy, the Samoan culture policy and the Tongan culture policy provide guidance to staff around the differences between these cultures and are readily available to staff. The policies address equity of access, reflecting the needs of Pasifika and have been developed by an external contractor in partnership with Pasifika. On interview, the facility manager and clinical manager reported that in the case of a resident identifying as Pasifika, the resident would be supported to attend any groups and churches as they wished. The facility manager and clinical manager have access to local Pacific communities and organisations through Health New Zealand and on interview stated they would work in partnership with these communities to support improved outcomes for Pasifika residents.</p> <p>There were no residents that identify as Pasifika. The facility manager advised that family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care plan and encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Individual cultural beliefs are documented in each resident's care plans and activities plan.</p> <p>The Code of Health and Disability Services Consumer Rights are accessible in a range of Pacific languages.</p> <p>At the time of the audit there were no staff that identified as Pasifika. The service is actively recruiting new staff. The facility manager and clinical manager described how the equitable employment process ensured Pacific staff who did apply would be welcomed to increase the</p>

		capacity and capability of the Pacific workforce.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The facility manager and clinical nurse manager discuss aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English, Pasifika languages and te reo Māori. The service recognises Māori mana motuhake and this is reflected in the Paramount HealthCare Māori health plan.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Interactions observed between staff and residents during the audit were respectful.</p> <p>There are links to spiritual supports. Church services are held regularly. Five residents, and three family/whānau interviewed confirmed that individual cultural beliefs, values and their rights are respected.</p> <p>Staff receive education in relation to the Code at orientation. This training is repeated annually through the education and training programme and includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Residents have access to an advocate through the Health and Disability Commissioner, contact information was visible on posters and pamphlets which were easily accessible.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Three healthcare assistants (HCAs) and the registered nurses (facility manager and clinical manager) interviewed described how they support residents to make informed, independent choices. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and other forms of support. Residents also have control over and choice over activities they participate in and are encouraged and assisted to exercise freedom of choice, and their right</p>

		<p>to autonomous decision-making related to their health and wellbeing. It was observed that residents are treated with dignity and respect.</p> <p>The staff education and training plan reflects training that is responsive to the diverse needs of people across the service. The service promotes cultural safety through educating staff about te ao Māori and listening to tāngata whaikaha when planning services. Satisfaction surveys completed in April 2024 confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training as part of the orientation programme and education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. There is one double room which had single occupancy. Management reported this room is unlikely to be utilised for two residents sharing. Staff could describe how they would maintain privacy should this room ever have double occupancy.</p> <p>Residents and families/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' gender and sexuality are respected.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the resident's care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo Māori resources are available for staff to access. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
Subsection 1.5: I am protected from abuse	FA	The abuse and neglect policy is being implemented. Paramount

<p>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.</p>		<p>Healthcare policies document guidelines aim to prevent any form of discrimination, coercion, harassment, or any other exploitation. Cultural days celebrate diversity in the workplace.</p> <p>A staff code of conduct is discussed during the employee’s induction to the service, with evidence of staff signing this document. This document addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged. Policy acknowledges institutional racism and seeks to abolish it through education and training.</p> <p>Staff complete education on orientation, and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>The service implements a process to manage residents’ comfort funds. Professional boundaries are defined in job descriptions. Interviews with the HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing, with the aim to improve outcomes for Māori.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Monthly resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. The accident/incident forms reviewed identified families/whānau are kept informed following consent by the resident (if able). This was confirmed during interviews with families/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak or understand English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services. The delivery of care involves a multidisciplinary team approach, and residents and families/whānau provide consent and are communicated with regarding services involved. The facility manager and clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and families/whānau interviewed confirm they know what is happening within the facility and felt informed through emails, regular communication with management, and resident meetings.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies documented around informed consent. Resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and 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>The complaints procedure is provided to residents and family/whānau on entry to the service. Complaints forms are available at the entrance to the facility and on request. A record of all complaints, both verbal and written is maintained by the facility manager in the complaint register. The staff interviewed could describe directing the complainant to the most senior person on duty.</p> <p>Four complaints received since the previous audit resulted in a satisfactory resolution. Documentation demonstrated that these complaints were managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). Staff are informed of any complaint received (and any subsequent corrective actions) in the clinical and staff meetings. The families/whānau interviewed stated they are provided with information on complaints and feel comfortable discussing concerns with the facility manager.</p> <p>Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly where concerns can be raised. During interviews with family, they confirmed the managers are available to listen to concerns and act promptly on issues raised. Residents/family 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. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</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>FA</p>	<p>Paramount HealthCare provides rest home level care for up to 25 residents. There is one double room (dedicated rest home bed) which had single occupancy at the time of the audit.</p> <p>On the day of audit there were 11 residents: ten rest home residents and one on a notification of a hospital level resident in a rest home only area (NOHRRRA) contract. One resident was under a long term support -chronic health care (LTS-CHC) contract and two residents were on respite contracts. All other residents were under the age-related</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>residential care (ARRC) contract.</p> <p>Paramount Healthcare is privately owned and operated by two married couples who also jointly own a locum agency for healthcare professionals. Two of the owners are registered nurses. One of these has more than 10 years' experience in the aged care sector and have access to consultants who have owned and managed aged care facilities. The owners all have management roles with the two registered nurses acting as facility manager and clinical manager. The others provide property/maintenance management and financial management.</p> <p>The owners were knowledgeable around the legislative and contractual requirements. Paramount HealthCare has a current business, quality risk and management plan for 2025. The plan includes a mission statement, philosophy and goals and objectives which focus on the residents, values, dignity and respect, communication, and providing a safe facility where the residents feel secure. Goals for 2025 have been documented and include a focus on continuous improvements related to improving the environment, certification for dual purpose, increased staffing of registered nurses, a diversional therapist and health care assistants and increasing occupancy. Data such as incidents and accidents and internal audits are discussed at staff/quality meetings. The facility manager and clinical manager communicate daily with the other directors on a variety of management issues and performance measures. The facility manager and clinical manager are responsible for clinical governance.</p> <p>Paramount Healthcare policies and procedures are culturally sensitive. Māori and Pasifika advice are provided by the external consultants own advisory links. Specific policies which target health equity to Māori and tāngata whaikaha needs are included in the Māori Health Plan. Paramount Healthcare supports people receiving services and their whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery. Where necessary, Paramount Healthcare will continue linkages in the community to further provide quality care for Māori recipients. On interview, the owners confirmed a commitment to improve outcomes and achieve equity for Māori and to identify and address barriers for Māori for equitable service delivery. The service has access to a Māori cultural advisor who can provide</p>
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		<p>support and guidance for any Māori residents and staff through Health New Zealand. The clinical manager is a registered nurse with a current practising certificate and has been in the role since purchasing the facility in April 2024. She is supported by experienced care staff. The facility manager and clinical manager have completed external cultural training and demonstrates expertise in Te Tiriti, health equity and cultural safety. On interview it was evident the owners are knowledgeable and understand the consumer rights including Te Tiriti o Waitangi, recognising barriers for Māori and supporting the achievement of equitable outcomes for Māori. Family and whanau provide feedback through annual surveys, resident meetings and the complaints management process. Feedback is used to improve services.</p> <p>The facility manager has completed eight hours of professional development related to managing an aged care facility, having attended first aid/CPR training, infection control, health and safety, and ARRC forums. The clinical manager has attended the ARRC forums, and management training courses.</p> <p>Partial Provisional:</p> <p>A partial provisional audit was undertaken to assess the service as suitable to provide rest home/hospital (medical and geriatric) level of care following the conversion of five existing rest home rooms to (dual-purpose) resident rooms, situated in specific rooms in one wing. The overall bed numbers would remain at 25 with 20 rest home beds and five dual purpose beds. The double room will remain as only for rest home level residents. This partial provisional audit included reviewing staffing plans; policies/procedures; sighting the environment, service areas and clinical areas; and interviews with staff and management. The transition plan clearly shows where they will access staff from, required equipment, training and orientation to be provided and shift coverage. There are one or two immediate admissions waiting. The facility manager advised the admissions will occur in a staged approach.</p>
Subsection 2.2: Quality and risk	FA	Paramount HealthCare has an established quality and risk

<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>management system which is embedded into practice. Performance objectives are clearly defined. Quality activities cover performance monitoring through internal audits, satisfaction survey results and through the collection, collation, and analysis of clinical indicator data, staff training and development, and implementing organisational quality initiatives. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed and meet the Ngā Paerewa Health and Disability Services Standard 2021. New policies or changes to policy are communicated and discussed with staff at monthly meetings.</p> <p>Monthly combined quality/health and safety, staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collection/collation of data take place as scheduled. Corrective actions are documented where indicated to address service improvements, with evidence of progress and sign off by the clinical and or facility manager when achieved. A critical analysis is completed monthly and annually based on trends and previous results.</p> <p>Meeting minutes are provided to staff who are unable to attend meetings. Corrective actions are discussed in staff meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality improvement projects are documented and include planning, required actions, review progress and outcomes. Examples of quality activities either implemented or being implemented include 'you provide, we give', laundry improvements, and staff completing online training to comply with requirements and staff retention. Work is underway to evaluate each quality initiative.</p> <p>The 2024 resident and family satisfaction surveys indicate that both residents and family/whānau have high levels of satisfaction with the services being provided. Results have been communicated to residents through resident meetings (meeting minutes sighted). Corrective actions are implemented to improve on any specific comments. Staff</p>
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		<p>have completed cultural competency and training to ensure a high-quality service and culturally safe service is provided for Māori.</p> <p>Paper based reports are completed for each incident/accident. Immediate actions are documented with any follow-up action(s) required, evidenced in nine accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. Each event involving a resident, triggers a clinical assessment and the timely follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical manager in consultation with RNs and HCAs. The management team is notified of all incidents and completed incident forms are signed off once reviewed by the clinical manager.</p> <p>A health and safety system is in place. The health and safety team consists of a health and safety officer (the property manager) with support from the facility manager. All staff are involved in the health and safety and encouraged to participate during staff meetings. The property manager has completed external health and safety training. There are regular moving and handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There have been no serious staff injuries since the last audit. Health and safety notices are posted on a noticeboard in the nurses station. Hazard identification forms and an up-to-date hazard register were sighted. Each hazard is risk rated with controls put into place. Hazards are regularly monitored. The hazard register was last reviewed in January 2025. Staff incidents, hazards and risk information is collated and reported at executive meetings. Health and safety is a regular agenda item in staff and executive meetings.</p> <p>Discussions with the facility manager and clinical manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 or severity assessment codes (SAC) notifications completed for resident adverse events since taking ownership in April 2024. There has been one Covid-19 exposure outbreak in September 2024. This was appropriately notified. The change of facility manager and clinical manager was appropriately notified.</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>	<p>PA Low</p>	<p>The facility manager (FM) is on site a minimum of three days a week and often works full time hours. The FM is supported by the clinical manager (CM). Staff interviews confirmed that the management team are supportive and available 24/7. A registered nurse (FM or CM) is available on call 24/7.</p> <p>Staffing levels are adjusted based on resident acuity. Interviews with staff confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents confirmed their care requirements are attended to in a timely manner. A senior HCA is rostered when an RN (FM or CM) is not on duty. The service has local RNs employed on a casual basis. Adequate HCAs are rostered.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training and a Māori cultural competency. External training opportunities for care staff include training through Health New Zealand and hospice. Both permanent RNs (FM & CM) have completed interRAI training.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes, disparities, and health equity. Staff confirmed that they are provided with resources during their online cultural training. This learning platform and the expertise of Māori staff creates opportunities for the workforce to learn about and address inequities. Staff are expected to answer competency assessment questions that address health equity, Te Tiriti O Waitangi, and the meaning of mana motuhake.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Ten HCAs are employed. They are supported to transition through the NZQA Careerforce Certificate for Health and Wellbeing. Five hold a NZQA level three qualification.</p> <p>A competency assessment policy is being implemented. Staff complete competency assessments as part of their orientation (eg, fire safety, hand hygiene, moving and handling, falls prevention, communication, personal cares, restraint, challenging behaviours, infection control, personal protective equipment, and health and safety). Additional RN</p>
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	<p>and senior HCA competencies cover medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, and wound management. The facility manager and clinical manager (RN's) have attended over eight hours of external training in leadership, infection control, palliative care, and wound management and maintain their professional development through Healthlearn and external training opportunities through Health New Zealand.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. An employment assistance programme is available if required. Contractors are orientated to health and safety by the health and safety officer and/or maintenance staff.</p> <p>Partial provisional</p> <p>The service proposes to use the dual-purpose beds for short term hospital admissions such as Accident Compensation Corporation (ACC) or respite admissions. There is a staffing policy that describes rostering and safe staffing ratios. The proposed roster reflects a titrated roster depending on occupancy. The RN roster reflects 12 hours shifts shared between the two managers and casual registered nurses. The HCA roster includes an additional long (0700 to 1500) on morning shifts and a short shift HCA on the PM shift (1500-2000). Current employed staff are not sufficient to provide adequate RN or HCA coverage to meet contractual requirements. Experienced RNs and HCAs are available through the owners locum agency business at short notice. These staff will be orientated to the service and employed as casuals. Local accommodation has been arranged if required. Several of the currently employed HCA's have experience with hospital level care residents. The existing education and competency programme will meet the needs of hospital level care residents. The FM stated that there are staff with required skills available to staff the dual-purpose beds adequately and they will proceed with established employment and orientation processes once HealthCERT approval is received. During the temporary absence of the facility manager, the clinical manager will be responsible for the day to day running of the facility with support from fellow registered nurses. The registered nurses and HCAs have yet to be fully recruited.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Each staff member receives a copy of the staff handbook and house rules and signs in agreement. 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. The initial appraisal is after three months of employment. All staff who have been employed for over one year have completed annual performance appraisals on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>Partial Provisional:</p> <p>Current employment practices are being implemented for those who will be working with hospital level care residents.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of</p>	<p>FA</p>	<p>Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected.</p> <p>Paper based resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Any signatures that are documented include the</p>

<p>personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>		<p>name and designation of the service provider. Resident files are stored in a locked nurses station.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for the registration of National Health Index numbers.</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>Policies and procedures are in place to guide staff around the entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical 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. The facility manager advised potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The facility has support from Health New Zealand cultural advisors who are able to provide support and guidance to benefit Māori individuals and</p>

		<p>whānau. Paramount Healthcare is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, employment opportunities and different projects and programmes.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five rest home resident files were reviewed for this audit, this included one resident on a NOHRRRA contract. The FM or clinical manager is responsible for conducting all residents' assessments, care planning and evaluation of care.</p> <p>An initial assessment is undertaken by the FM or CM on admission and an initial care plan is developed on the same day. The initial assessment is documented and includes the use of validated assessment tools including continence, pain, and nutrition, as examples. The service implements the principles of Te Ara Whakapiri for their residents on end-of-life care. InterRAI assessments are completed for all of the ARRC residents. The long-term care plan is developed with 21 days to include assessment outcomes. Care plans are developed with input from residents, family/whānau and HCAs. The long-term care plans are developed by the FM or clinical manager and are holistic in nature, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs and aspirations and interventions to address medical conditions. 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 RN. 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 an RN and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>Currently there are no residents who identify as Māori. If there were to be residents who identify as Māori, Paramount staff would encourage ongoing contact with their whānau and community and ensure they are involved in care planning and identify their own pae ora outcomes.</p> <p>Care plans address cultural preferences and contact details for whānau</p>

	<p>who the residents wish to be involved in their care and decision making. Currently there are no residents who identify as Pasifika. If there were residents who identified as Pasifika, Paramount staff would support residents contact with whānau, and support participation in their community and churches. Staff have access to Māori and Pasifika advisors if cultural support is needed.</p> <p>The general practitioner or nurse practitioner assesses residents within the requirements of the aged related residential contract. Residents are reviewed three-monthly by the general practitioner or nurse practitioner or more frequently if their condition changes. The general practitioner or nurse practitioner is on-call after hours and during weekends and public holidays. If a resident is acutely unwell, the facility manager or clinical manager contacts the medical practice who may advise transfer to hospital if indicated. Residents have access to allied health and specialist services if needed including a podiatrist, speech language therapist, physiotherapist, mental health services and specialists at Health New Zealand. The paper-based files are fully integrated with registered nurse, HCAs, general practitioner or nurse practitioner and allied health entering notes. The nurse practitioner interviewed was complimentary of the care residents receive.</p> <p>The facility manager and clinical manager provide after-hours clinical support. Contact details for family/whānau are recorded in resident files. Family/whānau interviews confirm they are informed when there is a change in health status, or the care plan is being reviewed. Adverse event forms are completed for falls, wounds sustained by injury, medication errors and episodes of challenging behaviour. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift as observed during the audit. Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations are recorded following all un-witnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but are not limited to) wound monitoring, behaviour monitoring, regular repositioning and food and fluid management.</p> <p>There is a wound folder and at the time of the audit there were two</p>
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		<p>wounds that have been assessed, monitored, and dressed as planned. Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, healthcare assistants, residents and family/whānau and activities staff. The care plan is reviewed to ensure the goals are being met and if there are new goals identified the care plan is updated. Where short-term needs are identified such as wounds or infections, a short-term care plan is developed and implemented.</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>Planning for all activities is completed by the clinical manager who has previous experience as an activities coordinator. Activities are provided by allocated HCAs. All new staff are initially orientated to the activities role to ensure they have a thorough understanding of the residents' need and interests. If residents are out on van trips the staff member that accompanies them has a current first aid certificate. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. There is a monthly programme posted on a whiteboard in the lounge. All activities are carried out in the communal lounges or activities room.</p> <p>School visits include kapa haka group performances and family/whanau are encouraged to participate. The service facilitates opportunities to participate in te reo Māori, with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations and Matariki. Māori phrases are incorporated into the activities, bilingual signage, and culturally focused activities. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures, reading, and hand massage activities are offered. Residents are often taken out for walks and overnight stays. When residents are out overnight appropriate permissions are signed, and medications are provided for the resident.</p> <p>All residents have a recreational and social profile which includes cultural identities, past hobbies, and present interests, likes and dislikes, career, and family/whānau connections. A social and recreational plan is developed on admission and reviewed six-monthly</p>

		<p>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. Residents were seen to be enjoying the activities during the audit.</p> <p>Activities include (but are not limited to) exercises, baking, crafts, games, quizzes, entertainers, hand pampering, happy hour; and housie. There are weekly van drives scheduled for outings, regular entertainers visiting the residents, and interdenominational services. Resident meetings held quarterly with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at the three-monthly meetings and six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The FM and CM have completed syringe driver training. Staff were observed to be safely administering medications. The FM and CM and HCAs interviewed could describe their role regarding medication administration. Paramount Healthcare currently packages medication for regular use and 'as required' in blister packs. Additional 'as required' medications are in clearly labelled boxes and bottles. Medications which are used 'as required' are administered as prescribed; however, the effectiveness is not consistently documented in the progress notes. All medications are checked by the FM or the CM on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in a secure medication room and locked trolley. Medication fridge and medication room temperatures are monitored daily and weekly, respectively. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications are checked monthly. There were no eyedrops in use on the day of audit; however, staff advised all</p>

		<p>eyedrops are dated on opening.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly and each chart has a photographic identification and allergy status identified. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner or nurse practitioner on the electronic medication chart. There were no residents self-administering their medications at the time of audit. There are policies and procedures around this, should a resident wish to self-administer their medications. Medication competent HCAs, FM, and CM sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The FM/RN described how they work in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Partial provisional</p> <p>The current medication system and medication room are adequate to meet the requirements of hospital level care residents. Competencies including syringe driver and education on palliative care are scheduled for 2025.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals and baking are prepared and cooked off site by a contracted services provider. Deliveries occur daily Monday to Friday, with weekend meals delivered on Friday and stored appropriately. Healthcare assistants are responsible for heating, dishing, and serving food and for checking food temperatures on arrival and on dishing.</p> <p>The four-week winter/summer menu is reviewed by a registered dietitian and was last conducted in January 2024. The kitchen and the contracted supplier receive resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements</p>

	<p>are accommodated, including food allergies. The contracted service caters for residents who require texture modified diets and other foods. The kitchen is adjacent to the main dining room and meals are plated in the kitchen and served to residents in the dining room. The existing combined lounge and dining area meets the needs of the current residents and provides a relaxing and enjoyable dining setting.</p> <p>Healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The FM could describe how the catering company can incorporate Māori residents' cultural preferences into the menu on request.</p> <p>The contracted supplier's food control plan is current until 30 April 2025. Daily temperature checks are recorded for freezer, fridge, inward goods, reheating, bain-marie serving temperatures, dishwasher rinse, and wash temperatures. All perishable foods and dry goods were date labelled. Dry goods which had been decanted, displayed best before or expiry dates. Cleaning schedules are maintained, as evidenced on the electronic signing chart. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily. Residents provide verbal feedback on the meals through resident meetings, which are fed back to the facility manager and the kitchen staff. Resident preferences are considered with menu reviews. Resident surveys are completed annually. Residents are overall happy with the meal service. Management advised they are working with the external provider to address identified issues.</p> <p>All residents have dietary profiles and nutritional requirements documented at the time of admission. Residents are weighed monthly unless this has been requested more frequently due to weight loss or gain. This is currently recorded in a paper-based format. The long-term care plan section for nutritional needs included food and fluid texture requirements and any swallowing difficulties are recorded on the care plan. These sections were completed in the five resident files reviewed.</p> <p>The residents and family/whānau interviewed were very complimentary regarding the food service, the variety and choice of meals provided. They can offer feedback at the resident meetings and through resident surveys.</p>
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		<p>Partial Provisional:</p> <p>There are no changes to the food services with the conversion of five existing beds to hospital. The current external provider is able to accommodate individual requirements including special diets, and texture modified diets. The existing on site kitchen is large enough to accommodate additional dietary requirements. The existing lounge/dining room is large enough to meet the needs of hospital residents. There is a separate lounge which is available for additional dining seating if required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers 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. Family/whānau are involved for all discharges to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The FM and clinical manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	PA Low	<p>The building holds a current warrant of fitness, which expires on 11 September 2025. One of the owners holds the role of maintenance person at Paramount Healthcare and is responsible for reactive and preventative maintenance. There is a maintenance request book for repairs and maintenance requests located in the nurse's station. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, six-monthly call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Testing and tagging of electrical equipment has been completed in February 2024. Essential contractors/tradespeople are</p>

	<p>available as required. Medical equipment including (but not limited to) hoists and scales were checked and were calibrated in January 2024. There is a planned appointment for the contractor to complete this on 10 March 2025. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>The property manager maintains gardens and grounds. Resident rooms are refurbished as they become vacant. The corridors are wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. There is ramp access to the facility for wheelchairs and residents using mobility aids to the side of the facility. External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Seven resident rooms have toilet ensuites. There is one double room which has a full ensuite and is currently occupied by a single resident. All other rooms are single occupancy. There are communal bathrooms/showers within the facility with privacy signage and privacy curtains. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Communal shower/toilets were well signed and identifiable, with door labels written in both English and te reo Māori. There is adequate space for the use of a hoist for resident transfers as required.</p> <p>There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Healthcare assistants interviewed reported that they have adequate space to provide care to residents. The environment is inclusive of peoples' cultures and residents are encouraged to personalise their bedrooms, as viewed on the days of audit.</p> <p>There are two spacious lounges, a dining room, and an activities room at Paramount Healthcare. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in all communal areas. All resident rooms are all fitted with wall mounted heaters which can be individually adjusted. Residents interviewed</p>
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		<p>stated that the environment was warm and comfortable.</p> <p>The property manager reported that when there is a planned development for the building, there shall be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori.</p> <p>Partial provisional.</p> <p>There are no expected changes to the environment with the transition from rest home beds to dual purpose beds. There is sufficient existing equipment including seated scales, a sling hoist, commodes, an alternating air mattress, pressure reducing cushions, pressure reducing booties and shower chairs. The designated dual-purpose rooms (36, 37, 38, 39 and 40) are large enough to accommodate mobility equipment suitable for hospital level care residents. These rooms do not have ensuites; however, there are suitable communal facilities in close proximity to the designated rooms. There is adequate storage room for additional products and equipment.</p> <p>There are two doors leading to an external courtyard in the hospital wing; however, they require access ramps to allow for safe mobility of wheelchairs and walking frames.</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>	FA	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand, dated 4 April 1998. Fire evacuation drills are held six-monthly, and the last one was completed in October 2024. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard and are checked three-monthly. In the event of a power outage, there is emergency lighting back-up power available and gas cooking (BBQ and portable gas burners). There is adequate food supply available for each resident for minimum of seven days. There is no generator on site however the</p>

		<p>emergency plan reflects one can be obtained through identified contacts.</p> <p>There are adequate supplies in the event of a civil defence emergency, including water supplies (water tank, 1000 litres), to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. The FM and CM and nine of the ten HCA's have current first aid certificates ensuring there is a minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms and ensuite, communal toilets, and lounge/dining room areas. An indicator panel located in the kitchen displays the location of call bell activations, to alert staff of who requires assistance. Call bells are tested three-monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night. Closed circuit television cameras are installed in all communal areas and at the main entrance. Signage advising residents and visitors of this are posted throughout the facility.</p> <p>Partial provisional:</p> <p>There are no expected changes to security resulting from the reconfiguration of five rest home beds to dual purpose beds.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</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>The infection prevention control and antimicrobial stewardship programme, 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. Significant issues are escalated to all members of the ownership team. Infection rates are presented and discussed at staff meetings and executive meetings. Infection control and AMS are part of the business and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand, laboratory staff and GP for advice</p>

		<p>as required. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the facility manager, the GP, and the public health team.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p> <p>Partial provisional:</p> <p>The infection control coordinator (clinical manager) and the facility manager are knowledgeable around the infection prevention and control programme and responsibilities. There are no changes required with the reconfiguration of beds. There is adequate personal protective equipment (PPE) in stock. Hand sanitisers have been installed in each wing.</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 infection control coordinator role is undertaken by the clinical managers who oversee the infection control and antimicrobial stewardship (AMS) programme. Their job description outlines the responsibility of the role. The infection control coordinator has completed external infection training. There is good external support from the GP, laboratory, and Health New Zealand nurse specialist.</p> <p>The infection and prevention control manual includes a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed by the external quality consultant, the infection control coordinator (clinical manager) and facility manager. Policies are available to staff. The infection prevention and control programme is reviewed annually. The infection review includes progress of quality plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS), including any significant infection events.</p> <p>The service has a comprehensive pandemic plan, which includes the Covid-19 response plan. The plan includes preparation and planning</p>

		<p>for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available and adequate supplies of personal protective equipment. Extra personal protective equipment (PPE) is available as required.</p> <p>There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Internal audit tools are in place to check these are being utilised and best practice standards are being met. The service has access to information and resources in te reo Māori around infection control for Māori residents from Māori health providers locally and through Health New Zealand. Policies and training sessions guide staff around culturally safe practice and acknowledge the spirit of Te Tiriti o Waitangi. The infection prevention control coordinator and the facility manager are involved in the procurement of all equipment and consumables.</p> <p>Paramount HealthCare is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19, and staff were informed of any changes by noticeboards and at handovers. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau were kept informed and updated on Covid-19 policies and procedures through one on one visits, telephone calls, and emails.</p> <p>Partial Provisional</p> <p>There are no changes planned or required with the transition of five rest home beds to dual purpose beds.</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</p>	<p>FA</p>	<p>The service has policies and procedures documented around antimicrobial stewardship. The service monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The policies are appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and discussed at</p>

<p>and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>all facility meetings and reported to the Board in the management reports. The prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The NP interviewed reports they only prescribe antibiotics where required based on signs, symptoms and microbiology results.</p> <p>Partial Provisional: There are no changes required to the anti-microbial stewardship programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection prevention control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data includes ethnicity and is monitored and analysed for trends and benchmarked monthly and annually. Infection control surveillance is discussed at all facility meetings and reported to the ownership team through the managers report. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>The service receives email notifications and alerts from Health New Zealand for any community concerns. All communications were observed to be culturally appropriate.</p> <p>Covid-19 outbreak in September 2024 was well managed. An outbreak plan was implemented and maintained. Staff were updated daily. Residents and family/whānau were updated regularly through emails and phone calls. The outbreak was appropriately notified. A meeting with staff following the outbreak discussed identified what went well and identified opportunities for improvement.</p> <p>Partial Provisional: The surveillance programme will identify the residents level of care when collating the monthly infection data. All other aspects of infection</p>

		surveillance will continue unchanged.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp’s containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There is a sluice tub located within the laundry, with personal protective equipment available, including a face visor. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Healthcare assistants currently attend to laundry and housekeeping duties. The laundry has a defined clean/dirty area, with two door entry/exit. The linen cupboards were well stocked. There was appropriate personal protective clothing readily available. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The linen cupboards were well stocked.</p> <p>Partial Provisional:</p> <p>There will be no changes to the cleaning and laundry processes. The service has a cleaner available to commence employment three hours a day once occupancy increases. There is a sluice cupboard adjacent to the hospital wing available to service the hospital wing. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas. Extra linen will be ordered as required.</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>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the</p>

<p>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.</p>		<p>facility was restraint free. The facility manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The use of restraint (if any) would be reported in the monthly meeting.</p> <p>A full staff team meets every month to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme. The owners are familiar with the requirements of and their responsibilities, in respect of restraint minimisation and safe practice.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>During interview with the directors, they describe the staged recruitment of staff including registered nurses and HCA's. There are casual registered nurses currently employed and available. Additional RN's and HCAs are available through the owners locum agency business. Staff with the required skills will be employed on a casual basis from the owners agency and undergo the established orientation process. The RNs would be in charge of the facility in the temporary absence of the facility manager and clinical manager.</p>	<p>Casual RN's and additional HCAs have not yet been employed.</p>	<p>Ensure there is sufficient RN's and HCAs to meet roster requirements prior to occupancy of the hospital beds.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	<p>The facility manager and clinical manager and healthcare assistants interviewed could describe their role regarding medication administration. Paramount Healthcare currently packages medication for regular use and 'as required' in blister packs. Additional 'as required' medications are in clearly labelled boxes and</p>	<p>The effectiveness of 'as required' medications in six of the ten filles were not consistently documented.</p>	<p>Ensure effectiveness of 'as required' medications are documented.</p>

		bottles. Medications which are used 'as required' are administered as prescribed; however, the effectiveness of these medications are not consistently documented either in the medication system or in the progress notes.		60 days
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	The corridors are wide enough for mobility equipment. The designated dual-purpose rooms are suitable for hospital level care residents. There are two doors leading to an external courtyard in the hospital wing; however, they require access ramps to allow for safe mobility of wheelchairs and walking frames.	Access ramps to the external areas from the two doors in the hospital wing are yet to be completed.	<p>Ensure access ramps are installed prior to admission of residents.</p> <p>Prior to occupancy days</p>

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, there 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.