

Kamo Home & Village Charitable Trust - Parahaki Court

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Kamo Home & Village Charitable Trust

Premises audited: Parahaki Court

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 4 June 2025 End date: 5 June 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 23

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

General overview of the audit

Parahaki Court Rest Home provides rest home services and is certified to provide care for up to 25 residents. There have been no significant changes to the service or facility since the previous audit. The service is operated by Kamo Home Village Charitable Trust (KHVCT), which owns four aged residential care facilities. The facility is managed by a registered nurse who is currently being supported by a clinical charge nurse and overseen by the group care manager and the general manager.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard NZS8134:2021 and the provider's contract with Health New Zealand – Te Whatu Ora Te Tai Tokerau. The certification process included review of policies and procedures, review of resident and staff records, and observations and interviews with residents and family members, governance representatives, the general practitioner and staff.

Strengths of the service, resulting in continuous improvement ratings, relate to consumer rights and increasing health equity, improving staff induction/orientation and ongoing employee learning responses, and the introduction of a measure to improve resident outcomes as part of the activities programme. No areas were identified as requiring improvement.

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.

Parahaki Court Rest Home (Parahaki Court) works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Policies document that when Pacific peoples are admitted, they are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity were respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This included supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Residents and whānau provided regular feedback and staff were involved in quality activities. An integrated approach included collection and analysis of quality improvement data, and identified trends that led to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff were appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Resident information was accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information was provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment was tested as required. External areas are accessible, safe, and provide shade and seating, and meet the needs of people with disabilities.

Staff were trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security was maintained.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body ensured the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator led the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

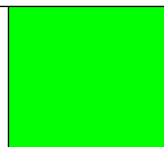
Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promoted responsible prescribing of antimicrobials. Infection surveillance was undertaken, with follow-up action taken as required.

The environment supported both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	27	0	0	0	0	0
Criteria	3	165	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Parahaki Court has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with a local iwi and marae, and with Health New Zealand – Te Whatu Ora Te Tai Tokerau to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from a kaumatua and local churches, as the organisation is a Christian-based service.</p> <p>There were residents and staff who identified as Māori at the time of the audit. Strategies were in place to actively recruit and retain a Māori health workforce across all roles and were discussed with the general manager (GM). Resident and staff ethnicities were recorded in the registers sighted. Data was collated and trended .</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe. The model of care adopted by the service for residents who identify as Māori is Te Whare Tapa Whā, and this was verified in the care plans reviewed.</p> <p>The group care manager (GCM) interviewed reported, and documentation confirmed, that the board members, management and</p>

		staff have attended cultural safety training.
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Parahaki Court has identified and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. Staff reported at interview that they were guided to deliver safe cultural and spiritual care to residents through their knowledge and in the care plan. The ‘Fonofale’ model of care was utilised at Parahaki Court.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities co-ordinator, to identify any requirements.</p> <p>Pacific staff interviewed felt their worldview, and cultural and spiritual beliefs, were embraced for any residents admitted to this service. At the time of the audit, no residents identified as Pacific people. Active recruitment, training and actions to retain a Pacific workforce are encouraged by management.</p> <p>The staff have links with cultural advisors through staff and community groups. Training is provided for all staff, as per the training records reviewed.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers’ Rights (the Code) and were observed supporting residents in accordance with their wishes and mana motuhake.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Evidence of information about the Code and Advocacy Service was observed throughout the home and in the</p>

		information pack.
<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>The service supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Staff were observed to knock and introduce themselves before entering a room.</p> <p>Te reo Māori and tikanga Māori were promoted within the service through activities, acknowledgement of Māori-related public holidays, building of relationships with whānau, signage in Māori, artwork, and regular visits from a local kaumatua. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. Residents were encouraged and supported to maintain their connections in the community and the outings that they enjoy.</p> <p>The needs of tāngata whaikaha were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected, and they felt safe in the home. Residents are encouraged to ask whanau to look after valuables for safe keeping however if required, staff are able to keep valuables stored safely and some residents also have access to a comfort account as and when they need their funds.</p> <p>Professional boundaries were maintained by staff. Staff interviewed</p>

		felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model, which was integrated throughout care planning.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services and a local kaumatua, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Examples of informed consent were evident in documentation at time of admission, which included the taking of photos, sharing of medical information, outings and in everyday discussions.</p> <p>Advance care planning, establishing and documenting of Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</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>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. No complaints had been received from residents/family/whānau since the previous audit. However, one complaint externally was received from Health New Zealand – Te Whatu Ora Te Tai Tokerau (Te Whatu Ora) in March 2024. The complaint was made by a family regarding care of a family member. The service provider was supported by Te Whatu Ora and the resident was transferred to another of the organisation’s facilities in April 2024. The complaint was fully actioned, addressed and effectively closed out, signed and dated in the register. No recommendations were received from Te Whatu Ora.</p> <p>The service has assured the process works equitably for Māori by ensuring the policy is documented in te reo Māori and that interpreter services are available if needed. There have been no complaints received by Māori residents to date.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity, and cultural safety.</p> <p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. There is Māori representation on the Trust board, a kaumatua who provides advice and expertise as needed.</p> <p>The purpose, values, direction, scope and objectives of the organisation were clearly defined, and demonstrated that monitoring and reviewing performance does occur through regular reporting at planned intervals. The Kamo Home and Village Charitable Trust</p>

		<p>(KHVCT) Business Plan 2024-2026 was reviewed. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through a continuous improvement initiative put in place (refer to 2.1.7). A commitment to the quality and risk management system was evident. Members of the governance group, including the GM and the acting chairperson interviewed, felt well informed on progress and risks. This was confirmed in a sample of reports to the board of directors and the health equity data analysis report sighted for April 2023 to September 2023.</p> <p>Compliance with legislative, contractual and regulatory requirements was overseen by the leadership team and governance group, with external advice sought as required.</p> <p>People receiving services and their whānau participated in planning and evaluation of services through an annual survey (refer to 2.2).</p> <p>The service holds contracts with Health New Zealand Te Whatu Ora Te Tai Tokerau for providing rest home level care and rest home level care respite care for up to 25 residents. On the day of the audit, there were 23 residents. Twenty-one (21) residents were under the rest home contract, one resident was receiving private rest home level care, and one resident was receiving private rest home/respite care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This included management of incidents and complaints, audit activities, a regular resident/relative satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infection prevention and control and restraint management. Residents, whānau and staff contribute to quality improvement through the annual survey. An analysis in graph form was presented at audit for the relative satisfaction survey. Positive comments were made about the care provided to residents and the communication with staff and the general practitioner.</p> <p>Critical analysis of practices and systems, using ethnicity data,</p>

<p>and support workers.</p>		<p>identified possible inequities and the service works to address these. Delivering high-quality care to Māori residents was supported through relevant training, tikanga policies, and access to cultural support roles internally and externally. This is also aligned with the continuous improvement provided in 2.1.7.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The GM interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff documented adverse and near miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed; incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The GM and the GCM interviewed understood and have complied with essential notification reporting requirements. There have been no Section 31 notifications reported, and no reporting to the New Zealand Health & Quality Commission (NZHQC) of any adverse events occurring at Parahaki Court, since the last audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensured all aspects of service delivery were met. Those providing care reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. A registered nurse has been employed to cover Monday to Friday and was currently being</p>

		<p>overseen by the clinical charge nurse and the group care manager. The clinical charge nurse shared the role with another facility owned by the same organisation.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. Orientation was provided for all new employees over two weeks, and up to three months as needed. A buddy system was used until staff felt confident in the role. A continuous quality improvement has been noted regarding the orientation/induction process (refer to 2.3.5).</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies were assessed and supported equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Te Tai Tokerau. There is a total of 14 care staff who are part of the team at Parahaki Court. Ten care givers have attained Level 4 and four have completed Level 2 but are not currently enrolled into Level 3. The clinical charge nurse and the activities coordinator are both trained assessors. The clinical charge nurse is currently completing the interRAI assessments until the RN is fully competent for this role.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff interviewed reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of</p>

<p>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>staff records reviewed confirmed the organisation's policies were consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment and for all health professionals employed and/or contracted annually. A folder was reviewed of all annual practising certificates validated. This was maintained by the GCM.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.</p> <p>Staff performance was reviewed and discussed at regular intervals. Staff and management reported there is a process for a debrief and discussion following incidents, and that staff receive support to ensure wellbeing.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' electronic files sampled for review. All staff had individual passwords to access this information. Clinical notes were up to date, integrated and legible and met current documentation standards. Information is accessible for all those who need it. Staff records were maintained electronically by the human resource manager (HRM) interviewed.</p> <p>Files were held securely for the required period before being destroyed. All archived records were stored at another site but can be retrieved if needed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index registration of its residents.</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>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. All but one resident had an interRAI on admission. Email correspondence showed that discussions were occurring with NASC to have this completed. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process met the needs of residents. Whānau interviewed were satisfied with the admission process and the verbal and written information that had been made available to them on admission.</p> <p>The general manager confirmed that no resident is declined entry; however, they may need to go on the service's waiting list if there is no bed available at the time. If a resident does not have the required level of care to be admitted to the facility, then they are referred to KHVCT's other homes as options. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. All residents had an up-to-date care plan, based on the provider's model of care, which was developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-</p>

		<p>term care plan and review timeframes met contractual/policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff, people receiving services and whānau.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participated in service development through resident meetings and day-to-day conversations. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha/whānau can independently access information.</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>The activities programme supported residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. Community initiatives met the needs of Māori.</p> <p>The introduction of an interactive electronic games console for the residents in 2023 has resulted in a continuous improvement rating.</p> <p>Feedback on the programme was provided through resident meetings and day-to-day discussions with residents. Those interviewed confirmed they found the programme met their needs.</p>

<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>There was one resident self-medicating. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there were difficulties accessing medications, this was identified, and support provided.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is provided by an external catering company and was on site seven days a week. The menu was reviewed by a qualified dietitian in February 2025. No recommendations were made at that time.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan that was audited on 1 January 2025, and registration that expires on 30 January 2026.</p> <p>Each resident had a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified</p>

		<p>texture requirements were accommodated in the daily meal plan. Māori and their whānau had menu options that were culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity. The catering manager interviewed stated that, if a resident did not like what was on a menu, they would provide another option.</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>Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Options to access other health and disability services and social/cultural supports were discussed, where appropriate. An example of a resident requiring transfer to hospital showed evidence of a full assessment, communication with the registered nurse, ambulance and whānau. Documentation provided to the hospital is supported by the yellow envelope, medication chart, medical notes and information about the resident and their daily activities of life. Whānau reported being kept well informed during the transfer of their relative.</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</p>	FA	<p>A current building warrant of fitness (BWOFF) was publicly displayed at the entrance to the facility. The expiry date is 3 September 2025. Appropriate systems were in place to ensure the physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements.</p> <p>The maintenance and assets manager interviewed confirmed the processes to be followed for any maintenance or repairs to be made. Testing and tagging of electrical equipment was completed by the maintenance team, who were fully qualified to undertake this procedure. An inventory was maintained of all appliances and</p>

<p>belonging, independence, interaction, and function.</p>		<p>equipment to be checked annually and two-yearly. This was last completed on 21 May 2025. Equipment requiring calibration and checking was completed by a preferred provider on 3 April 2025 and records were reviewed.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There is space to store mobility aids, and wheelchairs and scooters if needed.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. A separate bathroom is available for staff and visitors. Appropriately secured and approved handrails are provided in the bathroom areas, along with other equipment to promote residents' independence.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment was inclusive of people's cultures and supported cultural practices. If any new building or projects were to be approved consultation would be sought, to ensure the aspirations and identity of Māori would be met.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have received relevant information and training and had appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan, recently reviewed, was approved by Fire and Emergency New Zealand (FENZ) on 25 January 2024. The last fire evacuation and training occurred on 19 March 2025. A fire drill form was completed by the preferred provider for training and a copy was sent to FENZ, and a copy was retained for the service provider.</p> <p>Adequate supplies for use in the event of a civil defence emergency met the National Emergency Management Agency recommendations for the region. Since the previous audit, plugs and switches have</p>

		<p>been installed to enable a portable generator to be plugged in, to run power for lighting and other general power requirements. Water was available and a water tank of 5000 litres in size was accessible. Empty bottles, sterilising tablets, torches, batteries, emergency lighting, a barbecue and gas bottle and a transistor radio were readily available. Natural gas cooking and hot water supplies can continue in an emergency.</p> <p>Staff can provide a level of first aid relevant to the risks for the type of service provided. A first aider was rostered on every shift, as verified in documentation.</p> <p>Call bells alerted staff to residents requiring assistance. Residents and whānau reported that staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place. Residents and whānau were familiarised with emergency and security arrangements on admission to the facility and when required. The facility was locked in the evening by staff, and windows and doors were checked regularly throughout the afternoon and night duties. There was one door locked in the evening that alarms through the call bell system if a resident opens the door after hours. The facility is on a main road, so this is an additional safety measure in place.</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.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, linked to the quality improvement system and were reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues and significant events to the governing body. The current business plan includes a goal to minimise the risk of infection.</p> <p>An infection prevention and control component was included in the monthly staff meetings. Any issues or significant events were reported by the GM to the board.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the governance group. The IPCC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice was accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs. Educational resources were available in te reo Māori. Hand washing signs written in Māori were observed near handbasins and throughout the home.</p> <p>A pandemic/infectious diseases response plan was documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination. The process was audited to maintain good practice. Single-use medical devices were not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>Responsible use of antimicrobials was promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement. There was a real focus on sharing with relevant stakeholders the importance of AMS and raising awareness regarding responsibilities in aged care.</p>

<p>to the needs, size, and scope of our services.</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>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined</p> <p>in the infection control programme and includes the using of standardised surveillance definitions. Monthly surveillance data was collated and analysed to identify</p> <p>any trends, possible causative factors and required actions. Surveillance methods included tools and documentation including the assignment of responsibilities.</p> <p>Results of the surveillance programme were shared with staff and the board members which included analysis and ethnicity data. There have been no recent outbreaks.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) is culturally safe, and this was evidenced in documentation and interviews with residents and whānau.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances. All residents' clothing and laundry was outsourced to KHVCT daily. Cleaning processes were monitored for effectiveness and included resident satisfaction surveys and internal audits completed by staff. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility is kept clean and tidy. This was confirmed through</p>

		observations.
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrate commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint in use, and this has been the case for 10 years. Any use of restraint would be reported to the governing body.</p> <p>Policies and procedures meet the requirements of the standards and were last reviewed in April 2025. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Training was last provided to all staff on 18 September 2024, as per the training records reviewed. Care staff interviewed confirmed they had completed competencies and received training.</p> <p>Given that there was no restraint in use, subsections 6.2 and 6.3 have not been audited.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	CI	<p>Although Kamo Home Village and Charitable Trust had a robust and embedded quality assurance program in place, a key gap in the data analysis was recognised, being the absence of an equity dimension. While the resident population is not currently highly diverse, it is essential to proactively implement health assurance processes that would identify potential areas of health equity. The aims were to increase awareness relating to health equity within the services provided, to add an equity dimension to the quality improvement programme and to implement quality improvements to remove potential equity barriers. In 2023-2024, to address the gap identified, a dedicated health equity policy was authorised by governance, and as part of the initiative, all ethnicity data was collated and measured. This process ensured that any disparities were visible, and that the collection of data served a clear and useful purpose and response driving</p>	<p>The outcomes of this quality initiative have far exceeded a full attainment and have demonstrated increased awareness relating to health equity for all levels of the organisation, and as part of ongoing efforts to enhance quality and address disparities in health outcomes, an equity dimension has now been successfully integrated into the KHVCT quality assurance programme. This is essential to deepen understanding, and to acknowledge that different people have varying levels of advantage and may require more tailored approaches, in order to achieve equitable health outcomes. KHVCT is committed to providing services that promote inclusivity and services in which residents and their family/whānau have a sense of belonging and feel valued.</p>

		<p>equitable health outcomes. The principles of the Health Equity Assessment Tool (HEAT) framework was used, and a health equity dashboard was used to trend data in a timely manner. The dedicated health equity dashboard provided a visual and analytical overview of health equity trends and was updated on a six-monthly basis. The dashboard trend analysis identified emerging or persistent health equity barriers. These insights were used to inform targeted interventions and CQI initiatives across the service. Appropriate interventions were put in place, such as increasing the awareness relating to health equity through education of the Trust board, and all staff. Debate and subsequent engagement with local iwi were sought for cultural sensitivity and awareness and ensuring consideration for the whole resident, specifically cultural needs and how the service providers interacted with Māori and Pacific people on a day-to-day basis. Staff were kept well informed through the staff and quality meetings.</p>	
<p>Criterion 2.3.5 Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	CI	<p>Issues were identified from a staff questionnaire and interviews with new and existing staff that, due to the intensity of the induction process, information was not being retained and employees felt they were not fully equipped for their new roles despite safety measures, company policies and procedures, workplace culture, values and behaviours being discussed. The outcome of the interviews was that staff were taking longer to settle and adjust, the significant amount of information being provided was overwhelming, unnecessary errors and perceived underperformance was observed by management, stress and unhappiness were occurring and a less than acceptable number of new employees were leaving in their initial three-month</p>	<p>There has been a considerable improvement post-introduction of the KHVCT intranet for all new and existing staff accessing the education/instructional videos. Staff are more emersed, interested in learning and continually suggesting and adding topics of interest. Staff can work at their own pace and learning style with the educator and clinical staff working alongside them to achieve educational requirements. Attrition of new employees is now minimal. Residents/whanau interviewed are pleased with the teamwork and the high standard of care provided.</p>

		<p>orientation/induction period. Management discussed at length the feedback from the interviews and questionnaires completed, and what action to take. To improve, KHVCT built and implemented the 'KHVCT intranet', comprising of instructional videos. This virtual platform can be readily accessed when any employee logs on to the electronic system. The platform contains personalised instructional videos that are utilised as not only a tool during induction, but also a tool to ensure all employees can remain refreshed and prepared for unusual, exceptional or emergency situations. The information is site-specific and hence is beneficial for employees who work and access across multiple sites. The base line survey was repeated post-implementation of the KHVCT intranet. The results were collated, analysed and evaluated resulting in a 56% increase in staff satisfaction with the induction process, 100% in increased knowledge and confidence in being able to manage emergency procedures for both new and existing employees.</p>	
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>CI</p>	<p>Parahaki Court has introduced an electronic game console to not only support staff in identifying a residents' potential deterioration and/or decline in health from a physical, mental and emotional perspective, but which encourages residents to interact in different activities that motivate movement, decision-making and mental stimulation, and promote interaction with others. This console, which has a multitude of different activities, was set up in the main dining room, which is part of the main living space, to catch the eye of the resident/s. Thus, staff were also able to observe the resident/s from a distance and/or become involved in the activity with the resident/s.</p> <p>In 2023, 25 residents were included in a study to</p>	<p>The introduction of the electronic activities game has resulted in a continuous improvement rating due to supporting and encouraging residents' holistic wellness which includes increased mental, emotional and physical stimuli of the residents.</p>

		<p>assess the benefits of this electronic game console for them. The residents' interRAI indicator scores, which included social, Montreal Cognitive Assessment (MOCA), depression, physical and falls were recorded pre- and post-activity. As a result of resident participation it was found on evaluation that the post-activity evaluation scores did not differ much; however, in May and November of 2024 and May of 2025, staff, resident and whānau survey outcomes identified that many of the whānau felt that, as a result of the introduction of this console, their residents' anxieties were reduced and they saw an increased participation in activities and interactions with others. Residents identified that they enjoyed the competitiveness of the activities, and they could participate in the comfort of their home. Staff identified that they saw a positive impact in residents' moods and residents were interacting and communicating more with others. Staff interacting with residents while using the game noted the building of relationships between themselves and the residents increase.</p>	
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End of the report.