

Oceania Care Company Limited - Palm Grove Rest Home and Village

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:	Oceania Care Company Limited
Premises audited:	Palm Grove Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 August 2025 End date: 20 August 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:	81

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Palm Grove Rest Home and Hospital (Palm Grove) is part of Oceania Healthcare Limited. The facility can provide services for up to 87 residents requiring rest home or hospital levels of care, including care for young people with physical disabilities. Since the last audit, the business and care manager has resigned, and an interim manager is in place until the position is filled on a permanent basis. There have been no changes to the facility. There were 81 residents in the facility on the first day of the audit.

This certification audit process was conducted against Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts the service holds with Health New Zealand – Te Whatu Ora (Te Whatu Ora). The audit included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and two nurse practitioners. Residents and whānau were complimentary about the care provided.

Strengths of the service, resulting in continuous improvement ratings, included work to improve the detection and management of urinary infections.

No areas for improvement were identified during the audit.

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.

Oceania has a Māori and Pacific people's health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Palm Grove 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 (self-determination). Staff were observed to engage with residents in a culturally safe way. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

The service provider is aware of the requirement to recruit and retain Māori and Pacific people in its workforce. The requirement to do this is embedded in policy, and Oceania actively recruits Māori and Pacific people into its service where it is able.

On admission, residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are 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 is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed whenever possible.

Complaints are 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.

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Palm Grove. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation, and of the facility, are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety, and clinical services is occurring, with regular reviews according to predetermined schedules.

Well-established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff are involved in quality activities. Actual and potential risks are identified and mitigated.

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

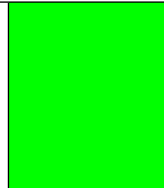
An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, and with data benchmarked to other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. An education/training programme is in place and competencies are assessed. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Residents' information is 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 is provided to the potential resident and their whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Registered nurses are responsible for the assessment, development and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents, their whānau, and staff.

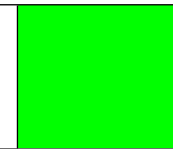
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for, including foods relevant to te ao Māori. Food is safely managed.

Residents are 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.



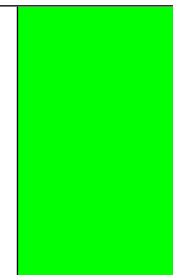
Subsections applicable to this service fully attained.

The facility was clean and well maintained, and met the needs of residents. There is a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided, and meet the needs of residents and the accessibility needs of tāngata whaikaha.

Staff are 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. Emergency supplies and equipment were adequate and met the requirements for the region. 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.

The Oceania governing body ensures the safety of residents/patients 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 leads the programme.

The environment supports both prevention and mitigation of transmission of infections. 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.

Oceania Care Company Limited is committed to a restraint-free environment in all its facilities. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator who is a registered nurse leads the process.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	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>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific peoples' health and a Māori and Pacific peoples' health plan is in place. These documents describe how the organisation responds to the cultural needs of Māori residents, and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori.</p> <p>At a governance level, Oceania has also established a cultural advisory group to provide management-level leadership and oversight to the Clinical and Health & Safety Committees to ensure the organisation's commitment to the cultural needs of Māori and Pacific employees, residents, and stakeholders.</p> <p>A Māori health care plan has been developed with input from cultural advisers, and this can be used at Palm Grove for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were Māori residents present during the audit.</p>

		<p>Māori residents and their whānau who were interviewed were comfortable at the facility, and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake is respected.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through Te Whatu Ora cultural advisors, and community networks including a Māori primary health provider, an established connection with the local iwi, and cultural activity groups.</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 service provider has a policy on Māori and Pacific peoples' health. This describes how the organisation responds to the cultural needs of residents. The document notes the need to embrace cultural and spiritual beliefs and is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020. This plan outlines the Fonofale model of care, which is used to guide how Pacific people are supported and cared for while residing at Palm Grove.</p> <p>There were no residents who identified as Pacific people in the facility on the day of the audit. When Palm Grove is supporting Pacific people who are residents, and advice and support can be accessed through Te Whatu Ora cultural advisors, and through staff connections with Pacific organisations and churches within the local community.</p> <p>The service supports increasing the number of Pacific people employed across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</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>	<p>FA</p>	<p>Oceania Care Company and Palm Grove management were aware of their responsibilities under the Code of Health and Disability Services Consumers' Rights (the Code) and have policies and procedures in place to ensure these are respected. Staff interviewed understood the requirements of the Code, including the right to self-determination (mana motuhake), and were observed supporting residents in accordance with their wishes.</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.</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>	<p>FA</p>	<p>Palm Grove supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau interviewed confirmed that residents, including residents with disabilities, 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.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage was evident throughout the facility, and key resident information, such as the Code of Rights, was displayed in te reo Māori.</p> <p>Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are 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>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such behaviour. There were no examples of discrimination, coercion or harassment</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>identified during the audit through staff, resident, whānau or Enduring Power of Attorney (EPOA) interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission. Residents, whānau and EPOA interviewed reported that residents' property was respected and well cared for. Resident finances are protected, and staff do not handle residents' money.</p> <p>Professional boundaries were maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon.</p> <p>Care provision was holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified strengths of residents. Wellbeing outcomes for all residents, including Māori, are evaluated six-monthly as part of the assessment and care planning process to ensure the needs of residents are met.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>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>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>A resident under the younger persons with a physical disability contract was interviewed, and stated that they were very happy with communication and that it met their needs.</p> <p>Evidence of open communication was apparent following adverse events and during the management of any complaints.</p> <p>Staff knew how to access interpreter services, 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</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in</p>

<p>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>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.</p> <p>Advance care planning, establishing and documenting of 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 is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Palm Grove had received three complaints during the last twelve months, and all three of these complaints were now closed. There had been no complaints received from external sources, including funders or the Health and Disability Commission. All complaints, formal and informal, are managed as per the Oceania complaints process. Documentation sighted in respect of the complaints showed that all complaints had been responded to within appropriate timeframes, and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation.</p> <p>An electronic complaint register is maintained that records each stage of the complaint management process and links to the relevant complaint documentation. The BCM contacts each complainant following the closure of their complaints to ensure they are still happy with the outcome of the complaint. Action plans from complaints are documented, and any learning is shared with staff to ensure quality improvement.</p> <p>There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate manner, and incorporate support, hui, and tikanga practices specific to the resident or the</p>

		complainant.
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>Oceania Care Company Limited provides age related health care services across New Zealand. Palm Grove is one of its facilities located in Christchurch, providing care for up to 87 residents. 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>There are currently six board members, and the board sits three-monthly. The board members possess significant governance experience and expertise in various fields, including business management, accounting, executive management, and the health care sector. The board demonstrated responsible governance, and remains close to service delivery by supporting and providing additional activities. Monthly reports to the board showed adequate information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance. Governance and the senior leadership team are committed to quality and risk through policy, processes, and feedback mechanisms. This included receiving regular information from BCM and the senior leadership team. The management team interviewed were knowledgeable of the sector and regulatory and reporting requirements, and maintained currency within the field.</p> <p>The service was managed by an experienced BCM who was providing interim cover following the previous manager leaving the role last month. A replacement BCM, with experience in managing aged care facilities, has been recruited and is due to commence in the BCM role in the coming weeks.</p> <p>The strategic plan outlines the organisation’s structure, purpose, values, scope, direction, performance and goals. The plan supported improving equitable outcomes for Māori, Pacific peoples and tāngata whaikaha. Cultural safety was embedded in business</p>

		<p>and quality plans and staff training. Ethnicity data was being collected to support equity. Cultural safety training has been undertaken by all staff, including the senior management team and governance.</p> <p>The management interviewed during the audit displayed a commitment to ongoing quality improvement, resident safety, elimination of restraints, and equity principles. Oceania Care Company Limited established an external cultural advisory consulting agency to provide management-level leadership and oversight to the Clinical and Health & Safety Committees. The external cultural advisory consulting agency supported cultural training, policy development, and resident and whānau cultural needs. People receiving services, and their whānau, participated in planning and evaluation of services through satisfaction surveys and regular monthly residents' meetings. A sample of minutes of these showed good attendance and a comprehensive agenda, and any concerns raised were addressed and reported back to the residents. Residents and whānau interviewed were happy with the services provided, and their level of involvement.</p> <p>There was a clinical governance structure in place that is led by the director of clinical and care services. The team meets monthly to ensure there is a consistent overall approach to all clinical issues. Discussions and outcomes from this group, along with clinical and quality dashboard and benchmarking reports, are reported through to the Quality and Risk Subcommittee and then on to the board.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for age-related residential care (ARRC), rest home, respite, and hospital-level care for up to 87 residents. Eighty-one (81) beds were occupied on the day of the audit. These were comprised of 40 residents who were receiving rest home care and 41 residents who were receiving hospital-level care, including two residents funded under a younger persons with a physical disability contract. There were no residents receiving respite care on the day of the audit.</p>
Subsection 2.2: Quality and risk	FA	The organisation has a planned quality and risk system that reflects

<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>the principles of continuous quality improvement. This included the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted quarterly by comparing data with previous months' results, other sister facilities, and other external facilities.</p> <p>Residents and whānau contributed to quality improvement through satisfaction surveys and residents' meetings, and staff contributed through reviewing data as part of regular staff meetings/registered nurse (RN) meetings, and audit activities. Staff meeting agendas and minutes reviewed showed good attendance and comprehensive agendas covering quality and safety measures/activities. The outcomes from the resident satisfaction survey conducted in May 2025 were favourable. Minimal corrective actions were identified, and these had been implemented.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, including at Palm Grove, with appropriate follow-up and reporting. A Māori health plan guides care for Māori. The organisation collects, collates, and reviews resident and staff ethnicity data to improve health equity through critical analysis of data and organisational practices.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. In addition, safety alerts are issued from the corporate office if a potential issue has been identified in other parts of the organisation. An electronic hazard and risk register is maintained, and where mitigation strategies are identified, there are processes in place to ensure that these are corrected. Palm Grove has a</p>
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		<p>health and safety committee in place, which meets monthly to review hazards and risks. Staff interviewed confirmed that feedback from these meetings is discussed at shift hand overs, and at staff meetings as part of the standard meeting agenda.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. In the last 12 months, there has been one Section 31 notification made to Manatū Hauora in relation to the change of BCM. The service is aware of reporting requirements to the Health Quality & Safety Commission/Te Tāhū Hauora (Te Tāhū Hauora) for all Severity Assessment Code (SAC) reporting of SAC 1 and SAC 2 incidents, as well as pressure injury at stage 3 and above. The CM reported that there were two notifications in relation to coronavirus outbreaks that had been completed and sent to Public Health since the previous 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>	FA	<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 adjusts staffing levels to meet the changing needs of residents. Care staff reported that there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. Most staff members on duty in their respective wings had current first aid certificates, and there was 24/7 registered nurse coverage.</p> <p>Continuing education is planned annually, with mandatory training requirements delivered through scheduled study days. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora.</p>

		<p>Training records reviewed demonstrated completion of the required training and competency assessments.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The organisation uses an electronic system to manage the recruitment and onboarding processes of staff, which ensures all required employment processes are completed. This was confirmed from a review of a sample of 10 staff files. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Qualifications were validated prior to employment and then checked and documented annually. A register of annual practising certificates (APCs) is maintained for RNs, and associated health contractors including the nurse practitioners (NP), physiotherapists, podiatrist, the pharmacists, and a dietitian.</p> <p>The review of staff records also confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals. Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username- and password-protected. Information is available only to those authorised to use it. Ethnicity data is recorded and used in accordance with Health</p>

		<p>Information Standards Organisation (HISO) requirements.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and that support is available to them.</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>	FA	<p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible, and met current documentation standards. Information is accessible for all those who need it.</p> <p>Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service used an electronic information management system. Staff have individual passwords to the electronic record, medication management system, and the interRAI assessment tool. The visiting nurse practitioners and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The BCM reported that staff have their own logins.</p> <p>Palm Grove is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and</p>	FA	<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. Files reviewed met contractual requirements. The entry process meets the needs of residents. Residents and whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision, although this rarely occurs. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities</p>

communicated to the person and whānau.		and organisations and supports Māori and their whānau when entering the service.
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Palm Grove work in partnership with the resident and whānau to support wellbeing. Nine resident files were reviewed: five hospital files and four rest home files. Files reviewed included Māori residents, a resident receiving care under a younger person with a physical disability contract, and residents receiving care under an age-related residential care (ARRC) contract. The files verified that a registered nurse develops a plan of care to suit the resident's needs following a comprehensive assessment. Assessments were based on a range of clinical assessments, including consideration of the person's lived experience, cultural needs, values, and beliefs, and which included wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements.</p> <p>Staff understood the need for residents and whānau, including Māori, to have input into their care and identify their own goals or outcomes; Māori are supported to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews with clinical staff, residents, and whānau. Those interviewed confirmed active involvement, including residents with a disability.</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. Short-term care plans are developed, if necessary, and examples were sighted for infections and wound care. These are reviewed weekly, or earlier if clinically indicated. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Where</p>

		<p>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 review process.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in service development through resident surveys, reviews of care, and case conferences. Examples of choices and control over service delivery were discussed with staff, residents and whānau. Tāngata whaikaha and whānau can independently access information. This was confirmed in interview with a younger person with a physical disability.</p> <p>Two nurse practitioners who are employed by Oceania to support the facility were interviewed; they stated the standard of care was good, staff recognise when a resident's needs change and staff call them appropriately.</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 is led by a qualified diversional therapist and is provided six days a week. Activities support residents to maintain and develop their interests and the programme was suitable for their age and stage of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, and ordinary patterns of life, and included normal community activities.</p> <p>Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori.</p> <p>Feedback on the programme is provided through resident meetings and surveys; evidence of the programme being changed based on resident feedback was sighted. Those interviewed, including Māori residents and a resident receiving care under the younger persons with a physical disability contract, confirmed they found the programme meets 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 and 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>Medicines were stored safely, including controlled drugs. All medications sighted were within current use-by dates. The required stock checks had been completed, including for controlled drugs. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, and medication reconciliation occurs. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly reviews by the general or nurse practitioner were recorded.</p> <p>Medicine-related allergies or sensitivities were recorded in the medication chart.</p> <p>Any adverse events are responded to appropriately in line with the service's policies and procedures on management of medication adverse events. This was confirmed in staff interviews and review of incident documentation.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely; this was confirmed in resident and staff interviews and in documentation reviewed.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications.</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,</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for residents using the services. The menu was reviewed by a qualified dietitian in March 2025. Recommendations made at that time have been implemented.</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility, and this is made known to the kitchen staff. Personal food preferences, including cultural preferences, dietary needs, allergies and intolerances, and modified texture requirements, are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori.</p> <p>Resident who are able have the opportunity to be involved in food preparation as part of the activities programme.</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.</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>	<p>FA</p>	<p>Transfer or discharge from Palm Grove is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. 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>FA</p>	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose and well maintained, and that they meet legislative requirements. The building has a current building warrant of fitness</p>

<p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>(BWofF) which was on display in the reception area.</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. Spaces are culturally inclusive and suited the needs of the resident groups, including smaller private spaces for residents and their whānau. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Space is available for the storage and charging of electronic mobility aids.</p> <p>Rooms for residents all had their own ensuite with toilet and shower, and there were additional bathrooms for residents who wished to have a bath. Additional toilets were available for visitor and staff use. Residents' rooms have sufficient space for mobility equipment and personal items. Floor hoists are available, and approximately half of the rooms were fitted with ceiling hoists. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. Heating was provided by either underfloor heating or heat pump. The air and hot water temperatures are monitored and adjusted by staff as required.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. When any new buildings are being designed, consultation has occurred that reflects the identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and</p>	<p>FA</p>	<p>The facility has a fire evacuation plan in place, which has been approved by Fire and Emergency New Zealand (FENZ). The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A trial evacuation takes place six-monthly, with a copy sent through to FENZ. The most recent evacuation report was sighted. Training records confirmed that all staff had completed fire and emergency training,</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>and staff interviewed knew what to do in an emergency.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have access to equipment to respond to emergency and security situations. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Emergency water and food supplies and alternative essential energy and utility sources are available. Staff who are trained first aiders are on site 24/7 and are able to provide a level of first aid relevant to the types of risk for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance, with the system escalating calls to managers if the calls are unanswered within a defined time. Residents and whānau reported that staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. The facility had overnight 'lock-up' procedures which allow for emergency egress. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</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 IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were reviewed and reported on yearly. The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by an executive manager, who also leads the Clinical Governance Committee (CGC), which oversees all clinical issues within Oceania Healthcare.</p> <p>Palm Grove has IP and AMS outlined in its policy documents. This is being supported at the facility level by an experienced RN who is the infection prevention coordinator for the facility, and at a governance level through clinically competent specialist personnel. Collectively they make sure that IP and AMS are being appropriately managed at the facility level and provide support to facilities as required. Clinical specialists can access IP and AMS</p>

		<p>expertise through defined processes.</p> <p>The facility records data on infections and antibiotic use, including ethnicity data. The data is collated and analysed to support the IP and AMS programmes at Palm Grove and the wider Oceania group. The IP and AMS information is discussed at the facility level, at clinical governance group meetings, and is reported to the board.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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 policies reflected the requirements of the standard and are based on current accepted good practice. There is an infection prevention and antimicrobial stewardship programme in place that has been developed by those with IP expertise, is linked to the quality improvement programme, and has been approved by the Oceania governing body. Annual review of the programme, with reporting to governance, has occurred.</p> <p>The infection prevention and control coordinator (IPCC), who is a registered nurse, is responsible for overseeing and implementing the IP programme, with reporting lines to senior management and to the Oceania national clinical quality manager, who is the national IP lead. The IPCC has the 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 Oceania national IP lead has been sought when making decisions around procurement relevant to care delivery, procurement and policies. There have been no facility changes or design of any new building, and policy confirmed that IP advice would be sought should this occur.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Cultural advice is accessed where appropriate.</p>

		<p>Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are 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 to the needs, size, and scope of our services.</p>	FA	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage and identifies areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	FA	<p>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IP and AMS programme.</p> <p>Standardised definitions are used, and monthly surveillance data, including ethnicity data, is collated and analysed to identify any trends, possible causative factors, and required actions; this has led</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>to an improvement in the management of urinary tract infections, and a rating of continuous improvement (CI) is given under criterion 5.4.4. Benchmarking with other facilities in the group occurs. Results of the surveillance programme are shared with staff in the staff meetings and reported to governance via the national clinical quality manager.</p> <p>A summary report for a recent infection outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and those residents experiencing a health care-associated infection (HAI) was culturally safe.</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 supports the prevention of infection and mitigates transmission of antimicrobial-resistant organisms. Cleaning processes are documented and monitored for effectiveness.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>The laundry at Palm Grove provides laundry services for all Oceania facilities within the region and operates seven days a week. The services are guided by policy, which was current and meets the requirement of the standard. There is a clear separation between handling and storage of clean and dirty laundry.</p> <p>Infection prevention personnel have oversight of the environmental testing and monitoring programme, including for the laundry. 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 is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Oceania Healthcare has a focus of restraint elimination across all of its facilities. The board is fully supportive of this approach and confirmed that a full report on restraint use from all facilities, including Palm Grove, is provided to the board annually. At the time of audit, the facility was restraint-free, and no residents were observed to be using a restraint.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN, who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. The RC attends monthly restraint committee meetings that report through to the clinical governance group (CGG), which meets quarterly. The executive leader, who is responsible for restraint, and a board member attend the CGG meetings and report restraint use through to the Quality and Risk Subcommittee, which they also both attend, and through to the board. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>The RC, in consultation with the Palm Grove multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA, and/or whānau as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk, and outlines the strategies to be used to prevent restraint being required. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p>
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		Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.
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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.

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 5.4.4</p> <p>Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner.</p>	CI	<p>Having fully attained the criterion, the service clearly demonstrates that a review and analysis occurred after a quality improvement was raised related to the management of urinary tract infections (UTI). After review of HAI surveillance data, the Oceania national clinical quality manager identified a need to improve UTI identification, management, and reporting across the organisation.</p> <p>The IPCC for Palm Grove analysed the 2023 data and identified deficits related to infection reporting (in 58% of cases where antibiotics were prescribed for a UTI, there was no record of an infection log) and adherence to the required criteria before laboratory specimens are sent (36% of urine specimens sent to the laboratory for analysis did not meet the criteria). A quality improvement plan was formulated with the aim of</p>	<p>Having fully attained the criterion, the service clearly demonstrates that a review and analysis occurred after a quality improvement was raised to improve the identification, management and reporting of urinary tract infections (UTIs). In addition, actions were taken to prevent the incidence of UTIs. The service identified poor reporting of UTIs (58% not reported) and inappropriate use of laboratory specimens (36% of specimens did not meet criteria). Introduction of the HQSC decision support tool and education of staff has resulted in improvements to reporting (now 100%), correct use of the decision support tool to identify when a laboratory specimen is appropriate (now 100% of specimens sent are appropriate), and a reduction in the incidence of UTIs from 38 in 2024, and to 11 in 2025 to date. This was confirmed in resident files</p>

		<p>improving resident outcomes through:</p> <ul style="list-style-type: none"> • enhanced clinical decision-making • correct and prompt diagnosis leading to appropriate treatment • accurate reporting of UTI infections <p>The facility implemented use of the Health Quality Safety Commission (HQSC) decision support tool for the management of UTIs in aged care facilities; this was monitored by the IPCC and data was tracked. Education was provided to staff on the use of the tool. In addition, education on continence, perineal care, and hydration occurred in 2024, with the aim of reducing the incidence of UTIs.</p> <p>Evaluation and monitoring of the improvement occurred through internal audit of data reporting and analysis of data. Evaluation has confirmed that improvement has been made in the accurate diagnosis of UTIs through appropriate use of the decision support tool and that accurate reporting of UTI infections is now occurring. The percentage of specimens sent to the laboratory that meet the criteria had increased to 96% in 2024 and 100% in 2025, and accurate reporting of infections had increased to 84% in 2024 and 100% in 2025.</p> <p>This improvement has resulted in prompt and appropriate treatment, which has benefited residents. In addition, the initiative has resulted in a reduction in the number of UTI infections occurring at Palm Grove, which have reduced from 38 in 2024, and to 11 in 2025 to date. Monitoring is ongoing to confirm that the</p>	<p>reviewed, incident documentation and infection reporting, and staff interviews.</p>
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		improvement is maintained. The actions taken are above that required for full attainment of this criterion and show benefit to the residents; a rating of continuous improvement is awarded.	
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End of the report.