Palm Tree Healthcare Limited - Palm Tree Rest Home

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity: Palm Tree Healthcare Limited

Premises audited: Palm Tree Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 7 May 2026 End date: 8 May 2026

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: 22

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Palm Tree Rest Home provides rest home level care for up to 28 residents. There were 22 residents receiving services on the day of the audit.

The service is managed by the owner/clinical nurse manager, with support from the other two owners, the care manager, and healthcare assistants. Residents and family/whānau interviewed spoke positively about the care and services provided at the facility.

This certification audit was conducted against the relevant Ngā Paerewa Health and Disability Services Standard and the contract with Health New Zealand. The audit process included a review of policies and procedures; the review of residents' and staff files; observations; and interviews with residents, family/whānau, staff, the management, and the general practitioner.

Policies, procedures, and processes are established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement is embedded into the delivery of services and care.

This audit did not identify any shortfalls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.

Palm Tree Rest Home offers an environment that promotes resident rights and ensures safe care. The staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to residents in an inclusive way and respect their identity and experiences. The service listens to and respects the residents' voices and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.

Governance is committed to improving pae ora outcomes and achieving equity. The needs of residents are considered. The management team members have knowledge and expertise in Te Tiriti o Waitangi, health equity, and cultural safety. The business, quality risk and management plan (2026-2027) includes a mission statement, purpose, values, direction, scope, and goals.

There is a documented quality and risk management system, including a current risk plan and quality plan. Incidents are well managed, quality data is collated and analysed, and internal audits are completed. Systems are in place to monitor the services provided. Services are planned, coordinated, and appropriate to the residents' needs. Care plans for the service are documented, with evidence of regular reviews.

The management and staff possess the necessary skills and experience to deliver suitable services to residents. Human resources are managed in accordance with good employment practices. An orientation programme is in place for new staff. An education and training plan is implemented. Competencies are defined and monitored. Staff records are secure, and staff ethnicity data is collected.

Residents' information is accurately recorded, securely stored, and is not accessible to unauthorised people. Archived records can be retrieved as needed. Staff and resident records are maintained using both integrated hard-copy and electronic records.

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.

The owner/clinical nurse manager efficiently manages the entry process to the service. Residents were assessed before entry to service to confirm eligibility. The owner/clinical nurse manager and the general practitioner complete all admission procedures within required timeframes. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

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

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

The facility is fit for purpose and complies with legislation relevant to the services provided. The environment is inclusive of residents' cultures and supports cultural practices. The building holds a current warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. There are sufficient shared facilities to meet resident needs. There are communal shower rooms and toilets with privacy signs. Resident rooms are personalised.

Documented systems are in place for essential, emergency, and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, which are within easy reach of residents. Security of the facility is managed to ensure the safety of residents and staff.

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 service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme, appropriate to the service's size and complexity. The owner/clinical nurse manager oversees the programme.

A pandemic plan is in place. Sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as needed. Any infection outbreaks are managed in accordance with the Ministry of Health guidelines.

The environment supports the prevention and mitigation of transmission of infections. Waste and hazardous substances were being well managed. Cleaning and laundry services are safe and effective.

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 is restraint free. This is supported by the governing body. Restraint elimination and safe practice policies and procedures are in place. Restraint elimination is overseen by the restraint coordinator, who is the owner/clinical nurse manager. The service maintains a proactive response to maintaining their restraint-free stance. The service has no residents currently using restraints. Use of restraints is considered as a last resort, only after all other options were explored. Education is provided to staff around restraint elimination.

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	0	168	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There are documented policies and guidelines to support the delivery of culturally safe services for Māori residents. These include a Māori health perspective, guidelines for end-of-life care and death, and tikanga best practice guidance. The policies and guidelines are aligned with Te Tiriti o Waitangi, and provide a framework for the delivery of culturally appropriate care. The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in te reo Māori. Links have been established with local Māori organisations and cultural advisors from Health New Zealand to support culturally appropriate care. The owner/clinical nurse manager stated that kaumātua support can be accessed when required. Māori assessments are completed for residents who identify as Māori as required. There were no residents or staff who identified as Māori at the time of the audit. The service predominantly supports residents of Asian ethnicity (43%), New Zealand European ethnicity (48%), and Pacific (5%). Management stated that the service welcomes residents from all cultures and ethnicities. An equal employment opportunities policy is documented and implemented. The owner/clinical nurse manager reported that the service supports

		a culturally diverse workforce and encourages the development of Māori workforce capacity. The management team and staff have completed education related to Te Tiriti o Waitangi and health equity. Interviews with the management team and staff (the owner/clinical nurse manager, owner/maintenance, owner/diversional therapist, care manager, three healthcare assistants, and cook), confirmed an understanding of Te Tiriti o Waitangi principles, and described how these are applied within their respective roles and responsibilities.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The service has a documented Pacific Peoples' Health Policy that acknowledges Pacific worldviews and supports the delivery of culturally appropriate care that respects cultural and spiritual beliefs. The policy is aligned with Ola Manuia: Pacific Health and Wellbeing Action Plan and reflects values identified by Pacific peoples, as important to health and wellbeing. There are residents and staff who identify as Pacific peoples. Management reported that Pacific staff are available to support residents and family/whānau when required. Links with Pacific organisations have been established through Pacific staff members. Staff education has included the Fonofale model of health. The owner/clinical nurse manager stated that residents and family/whānau are encouraged to participate in all aspects of care, including nursing and medical decision-making, service feedback, and the identification of cultural preferences and needs. The management team confirmed that Pacific peoples' beliefs, values, identity, and cultural practices are respected. The Code is displayed in multiple languages, including Chinese languages, Pacific languages, and English. Management described equitable employment practices aimed at supporting the capacity and capability of the Pacific workforce. Interviews with staff and review of documentation confirmed that care is provided in a person-centred manner.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	Details relating to the Code are included in the information that is provided to new residents and their family/whānau. On admission, the management and staff discuss aspects of the Code with residents and their family/whānau. Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service upholds the residents' rights. The interactions observed between staff and residents during the audit were respectful. Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility, and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. Staff have completed cultural training, which includes Māori rights, the Māori model of care, and health equity. The service recognises Māori mana motuhake, which is reflected in the strategic documents. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Five residents receiving rest home-level care, including one respite resident, and five family/whānau interviewed confirmed that individual cultural beliefs and values were respected. Those interviewed reported that the service is upholding the residents' rights.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Palm Tree Rest Home provides services and support to people in a way that is inclusive and respectful of their individual identities and experiences. Staff were observed using person-centred and respectful language with residents. There is a documented sexuality and intimacy policy, and staff received training in sexuality and intimacy as part of their scheduled in-service training. The residents interviewed were positive about the service, as it considered their values and beliefs, and they felt they were listened to. Privacy is ensured, and independence is encouraged. Staff

		enable resident participation, within their capabilities, in tasks within the service, such as helping with simple tasks. The service ensures that there is continued wellness of residents in a culturally safe environment, and within the residents' own personal, worldwide view. Residents interviewed advised that they have choices. They are supported in deciding whether they would like family/whānau to be involved in their care or other forms of support. Residents have control and choice over the activities they participate in. Residents and families/whānau interviewed said they are respected and welcomed at the service. Staff interviewed confirmed they have attended Te Tiriti o Waitangi training as part of their in-service training. Staff interviewed stated that care is delivered and reflects the Te Whare Tapa Whā model of care. The service demonstrates an awareness of tikanga, and te reo Māori. Through the activities programme, tāngata whaikaha are supported to participate in te ao Māori.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Residents and family/whānau reported that their property and finances were respected, and professional boundaries were maintained. The owner/clinical nurse manager reported that the code of conduct guides staff to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau stated that residents were free from any type of discrimination, harassment, physical/sexual abuse or neglect, and felt safe. Police checks were completed as part of the employment process. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents. The Māori cultural policy in place identified a strengths-based,

		person-centred care and general healthy wellbeing outcomes for Māori residents if admitted to the service. The management and staff further reiterated this, reporting that all wellbeing outcomes are managed and documented in consultation with residents, enduring power of attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	In interviews, residents and family/whānau reported that communication was open and effective, and that they felt listened to. The EPOA and family/whānau stated they were kept well informed about any changes to their relative's health status, and were advised in a timely manner about any incidents or accidents, and outcomes of regular or urgent medical reviews. This was supported by the residents' records that were reviewed. The staff understood the principles of open disclosure, which are supported by policies and procedures. Personal, health, and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file. Residents and family/ whānau interviewed stated they are provided with time to discuss any decisions. An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. Staff and family interpret for residents. External interpreting services are available if required. Most staff speak Mandarin, Cantonese, and English. The owner/clinical nurse manager reported that any non-subsidised residents who are admitted to the service are advised in writing of their eligibility, and the process to become a subsidised resident, should they wish to do so. The staff reported that verbal and non-verbal communication cards, simple sign language, use of electronic devices, use of EPOA or family/whānau to translate, and regular use of hearing aids by residents when required is encouraged.

Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies around informed consent. Informed consent processes were discussed with residents and family/whānau on admission. Five resident files were reviewed, and written general consents were sighted for outings, photographs, release of medical information, medication management, and medical care, which were included and signed as part of the admission process. Specific consent had been obtained from the resident and their family/whānau for procedures such as vaccinations. The admission agreement is appropriately signed by the resident or the EPOA. The service welcomes the involvement of family/whānau in decision-making, when the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' records and activated as applicable for residents who are assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file. Advance directives for healthcare, including resuscitation status, had been completed by residents deemed competent. Where residents were deemed incompetent to make a resuscitation decision, the general practitioner (GP) made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau lives. Discussions with the care staff and the management team confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff on the Code of Rights, informed consent, and the understanding of responsibilities of EPOAs. The service adheres to relevant best practice tikanga guidelines regarding consent. The Māori plan is available to guide cultural responsiveness from the Māori perspective on health.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I	FA	Palm Tree Rest Home has a current complaints policy in place, which is understood by staff. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint

am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.		register. The complaints procedure policy aligns with and reflects the principles of the Code and is in accordance with the Code. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is addressed fairly and equitably, ensuring that an individual's dignity, including values and beliefs, is protected. The service's complaints register was reviewed. There were seven complaints in 2025, and four reported in 2026 (year to date). Documentation showed that the sampled complaints/concerns have been acknowledged, investigated, and followed up on. Complaint information is used to improve services as appropriate. Quality improvements or trends identified are reported to staff. There were no external complaints received since the last audit. The owner/clinical nurse manager reported that any issues are discussed promptly with the residents before they escalate into complaints. An interview with the management and staff revealed that complaint forms and information about the advocacy service are available at the service. Residents and family/whānau were aware of their rights to complain, and posters of the Code were sighted in publicly accessible areas. All residents and family/whānau interviewed stated they would feel comfortable making a complaint, and that the service would support them throughout the process. Residents and their family/whānau can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed they would document a complaint for anyone who had difficulty doing this, or supporting the resident or family in accessing independent advocacy services. The owner/clinical nurse manager reported that the complaints policy was updated to ensure the complaints process works equitably for Māori, and that a translator and/or an advocate who identified as Māori, would be available to support people if needed.
Subsection 2.1: Governance	FA	Palm Tree Rest Home provides rest home-level care for up to 28 residents. There were 22 residents receiving services on the day of

The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.		the audit. Twenty-one residents were receiving rest home level care under the age-related residential care (ARRC) contract, including one resident admitted under a respite care contract. Furthermore, there was one private paying resident. The service is owned and operated by three owners who hold various roles within the organisation, including owner/clinical nurse manager, owner/diversional therapist, and owner/maintenance. The owners operate other similar facilities within Auckland, and meet monthly to discuss management and operational matters. The management team oversees compliance with legislative, contractual, and regulatory requirements; external advice is sought as required. Documentation reviewed covers quality, risk, compliance with standards and legislation, and other operational matters. The service is managed by the owner/clinical nurse manager, with support from the other two owners, the care manager, and healthcare assistants. The day-to-day operations of the service are managed by the care manager. The owner/clinical nurse manager is on site for 20 hours per week, and provides on-call support 24 hours a day, seven days a week. The business, quality risk and management plan (2026-2027) was current and included the scope, direction, goals, values, and mission statement of the organisation. The document outlines annual and long-term objectives and the associated operational plans. The plan reflects a leadership commitment to collaborating with Māori, aligns with the Ministry of Health's strategies, and addresses barriers to equitable service delivery. The working practice at the service is holistic, encompassing cultural identity, spirituality, and respect for connections to family/whānau, and the broader community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The owner/clinical nurse manager reported that the service offers cultural assessments specific to Māori residents if admitted to the service, to identify any unique requirements, and encourage whanaungatanga through the exploration of pepeha, iwi, and hapū. The service ensures that families/whānau and residents are involved in planning, implementing, monitoring, and evaluating service

		delivery through satisfaction surveys, information packs, and resident meetings. There is a quality and risk management plan updated as required and at least annually. The health and safety plan is also documented and up to date. The owner/clinical nurse manager leads and reviews all aspects of the quality programme annually. This owner/clinical nurse manager has extensive experience in the health sector, and has been in management for a number of years. The care manager is also an experienced overseas registered nurse with extensive clinical experience. The management team is suitably qualified and experienced for their roles and within the aged care sector. The management team maintained at least eight hours of professional development activities related to managing an aged care facility, including completing cultural safety, Te Tiriti o Waitangi training, and attending aged care sector conferences. The clinical governance structure is appropriate to the size and complexity of the organisation and includes the owner/clinical nurse manager, care manager, care staff, and registered nurses from other sister facilities.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Palm Tree Rest Home has a range of documents that contribute to quality and risk management, reflecting the principles of quality improvement processes. All internal audits were completed according to the schedule. Benchmarking is performed using the data from the previous month. Quality data includes incidents and accidents, infection and outbreak events, complaints, satisfaction surveys, internal audits, and staff surveys, all of which are analysed to identify and manage issues and trends. A sample of quality, risk, and other documentation revealed that when monitoring activities, staff identify a need for improvement and implement corrective actions, until the improvement is achieved. Trends are analysed to support ongoing evaluation and progress across the service's quality outcomes. Residents and staff contribute to quality improvement through

		feedback on quality data, complaints, and internal audit activities. The outcomes from the December 2025 resident satisfaction survey were favourable. Minimal corrective actions were identified in areas such as food, environment, and activity, which have been implemented. The results of quality data, satisfaction surveys, and corrective actions are discussed with staff at monthly staff meetings. Residents and their family/whānau were informed of the survey results. Residents, their families and family/whānau, and staff contribute to quality improvement through staff meetings, resident meetings, newsletters, and compliments. Policies and procedures meet the requirements of the Ngā Paerewa Standard. The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of organisational practices to improve health equity occurs with appropriate follow-up and reporting. The owner/clinical nurse manager described the processes for identifying, documenting, monitoring, reviewing, and reporting risks, including health and safety risks, and developing mitigation strategies. Staff documented adverse and near-miss events in accordance with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner. The owner/clinical nurse manager was aware of the Severity Assessment Codes (SAC) reporting requirements, specifically SAC1 and SAC2. Discussions with the management team evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no Section 31 notifications reported to HealthCERT since the last audit. The owner/clinical nurse manager was aware of the Health and Safety at Work Act (2015) and implemented its requirements. All visitors to the service are informed and reminded of the importance of health and safety, and infection prevention and control. No events required reporting to WorkSafe NZ in the previous 12 months. A hazard register was in place, and evidence of completed environmental audits was sighted.

		Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The owner/clinical nurse manager reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. The care staff reported that there are adequate staff members to complete the work allocated to them. The residents and family/whānau interviewed supported this. Over the past four weeks, the rosters consistently showed that all shifts were covered by experienced healthcare assistants, with support from the care manager, and owner/clinical nurse manager. Residents and family/whānau interviewed stated they are informed of any staff changes. The care manager is at the facility from Monday to Saturday, 9.00 am – 5 pm. The owner/clinical nurse manager is on site 20-hours a week and available on-call 24/7. Ongoing education is planned on an annual basis, including mandatory training requirements. Training topics included (but not limited to) infection prevention and control, including outbreak management; medication; de-escalation of behaviours that challenge; aspects of consumer rights; and health and safety. Care staff have either completed, commenced or are due to commence a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. These included seven healthcare assistants, three on level four, two on level three, one on level two, and one on level one. The owner/clinical nurse manager is accredited and maintains competencies to conduct interRAI assessments. Staff records were reviewed to confirm completion of the required training and competency assessments. Staff members interviewed reported

		feeling well-supported and safe in the workplace. The owner/clinical nurse manager reported that the model of care ensured equitable treatment for all residents. Staff and management completed cultural training. The provider's environment encourages collecting and sharing quality Māori health information. The service collaborates with local Māori organisations, which can provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori if required. An employee assistance programme (EAP) is in place to promote staff wellbeing. Staff interviewed reported a positive workplace.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources management policies and processes reflect standard employment practices and relevant legislation. All new staff had referees contacted prior to an offer of employment being made. A sample of staff records reviewed confirmed that the organisation's policies are being consistently implemented. Each position has a job description. Five staff files were reviewed: owner/clinical nurse manager, care manager, chef, owner/diversional therapist, and one healthcare assistant. Records confirmed that all regulated staff and contracted providers had proof of current registration with their respective regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, and the pharmacy, as well as other allied health service providers. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and orientation to the environment, including emergency management. Staff performance was reviewed and discussed at regular intervals. Copies of current appraisals for staff were sighted. Each staff member's ethnic origin is documented on their personnel records and is used in accordance with Health Information Standards Organisation (HISO) requirements. A process to evaluate this data is in place and reported to the management team.

		Following incidents, the management team are available for any required debriefing and discussion.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed. The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic medication management system and the interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document the necessary information in the residents' records. Policies and procedures guide staff in managing information effectively. The owner/clinical nurse manager reported that the staff have their logins. An external provider holds backup database systems. A consent process is in place for data collection. The records sampled were integrated. The owner/clinical nurse manager reported that EPOAs can review residents' records in accordance with privacy laws, and records can be provided in a format that is accessible to the resident concerned. The service is not responsible for the National Health Index registration of people receiving services.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. Review of residents' files

between Māori and non-Māori by ensuring fair access to quality care. 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.		confirmed that entry to service complied with entry criteria. Five admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau members and residents interviewed stated that they had received the information pack, and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The service openly communicates with potential residents and family/whānau, and provides updates where delays are incurred during the admission process. The owner/clinical nurse manager and care manager are available to answer any questions regarding the admission process. The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available, of if the assessed needs of the residents surpass what the service can safely provide. Potential residents are provided with alternative options and links to the community, if admission is not possible. The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. This did include specific data for entry and decline rates for Māori. The facility has established links with local Māori who provide cultural advice and guidance around the admission process where required. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my	FA	Five rest home resident records were reviewed, including one resident on the respite care contract. The owner/clinical nurse manager is responsible for all residents' assessments, care

wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.		planning, and evaluation of care. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCPs and interRAI sampled had been completed within three weeks of the residents' admission to the facility (excluding the respite resident). An initial assessment is undertaken by an owner/clinical nurse manager on admission, and an initial care plan is developed on the same day. Documented interventions meet the residents' assessed needs and provide sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment, which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. Short-term care plans are developed for acute problems, for example, wounds and infections. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the owner/clinical nurse manager. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the owner/clinical nurse manager and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents in accessing services and information. The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner (GP) within required timeframes, and when their health status changes. There is one contracted medical practice that completes monthly

		visits. Medical documentation and records reviewed were current. When interviewed, the GP stated the standard of care was good. After-hours support is provided by the contracted medical practice. If a physiotherapist is required, a referral is completed. A podiatrist visits regularly, and a raft of medical/health specialists can be accessed through Health New Zealand. An adequate supply of wound care products was available at the facility. There was one resident with two wounds, and no pressure injuries at the time of audit. A review of wound care plans that had been completed, which evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs were taken when required. Where wounds require additional specialist input, a wound nurse specialist is consulted. The progress notes are recorded and maintained in the integrated records. Monthly observations, such as weight and blood pressure, were completed and are up to date. Neurological observations are recorded following unwitnessed falls as per policy. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure, weight monitoring, and bowel records. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified, and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. Staff interviews confirmed what processes are in place to ensure they have sufficient information regarding the residents' needs, and that they have access to the supplies and products they require to meet those needs. Staff receive a written and verbal handover at the beginning of each shift. This was sighted on the day of the audit and found to be comprehensive in nature.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and	FA	There is a part-time owner/diversional therapist (DT) and a part-time activity coordinator. They both have a current first aid certificate. The activity programme is delivered Monday to Friday; with weekend activities being supported by the healthcare assistants. The

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.		programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The programme reviewed was written in Chinese and English. Regular displays of resident outings/activities are shared with family/whānau and posted on the noticeboard within the facility. The DT actively facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room have one-on-one visits and activities, such as walks around the gardens, nail painting, book reading, and letter writing. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission, and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include specific Chinese interests; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; Mahjong/ board games; and happy hour. There are weekly car outings to shops and a Chinese supermarket, regular entertainers visiting the residents, and interdenominational services. Scheduled resident and family/whānau meetings include a set agenda covering staff updates, and news and events within the facility. Family/whānau are welcome to attend these. Residents are encouraged to provide feedback on activities at the meetings, six-monthly reviews, and on an ad hoc basis with any staff member. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner.	FA	There are policies and procedures in place for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been

Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		provided. The owner/clinical nurse manager completed syringe driver training. Staff were observed to be safely administering medications. The owner/clinical nurse manager, care manager, and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses blister packs for regular use and 'as required' medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are stored securely in the rest home. The medication trolley was locked when not in use. The medication fridge and medication room temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per the manufacturer's instructions. All over-the-counter vitamins, supplements, or alternative therapies residents choose to use, are prescribed by the general practitioner and charted on the electronic medication chart. Controlled drugs are stored appropriately, and weekly stock-checks have occurred as scheduled. Ten electronic medication charts were reviewed. The medication charts reviewed confirmed that the general practitioner reviews all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-administrating on the days of audit. The facility follows documented policies and procedures, should a resident wish to administer their medications. As required, medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent healthcare assistants sign when the medication has been administered. There are no vaccines kept on site. Standing orders are not used. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The owner/clinical nurse manager described the process to work in partnership with residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessible,

		and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised and well-equipped. A current food control plan was in place, expiring on 31 August 2026. Where dry ingredients were decanted into containers for ease of access, there is evidence of decanting and/or expiry dates. The four-weekly seasonal European and Chinese menu has been reviewed by a dietitian. There is one full-time cook and a second cook at the weekends providing food services. Kitchen staff have completed safe food handling. There is a food services manual available in the kitchen/container area. The cook receives resident dietary information from the owner/clinical nurse manager, and is notified of any changes to dietary requirements and/or residents with weight loss. The cook (interviewed) is aware of the resident's likes, dislikes, and special dietary requirements. Residents' profiles had been reviewed in line with their six-monthly reviews and updated if required. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents have access to nutritious snacks. On the day of the audit, meals were observed to be well presented. Staff interviewed could describe tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. The cook maintains records for fridge, freezer, and chiller temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Evidence was provided of cleaning schedules being maintained. Meals are served directly from the kitchen into the dining room. Residents were observed enjoying their meals. Staff were observed supporting residents with meals in the dining area as required. The residents and family/whānau interviewed were complimentary regarding the food service, the availability of the Chinese alternative

		menu, and the choice of meals provided. They can offer feedback at the resident and family/whānau meetings, through resident surveys, and on an ad hoc basis with any staff member. There is an adequate food supply available for each resident, for a minimum of three days.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services, and social support or Kaupapa Māori agencies, where indicated or requested. The owner/clinical nurse manager explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation, including the "yellow envelope" checklist. Where residents need to be seen or choose to be referred to another health service, a referral is completed. Residents attending an external appointment are encouraged to be accompanied by family/whānau.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The building holds a current warrant of fitness, which expires on 20 July 2026. A maintenance officer (owner) interviewed addresses day-to-day repairs and completes planned maintenance. There is a maintenance request book and an online forum for repairs and maintenance requests. This is checked by the maintenance officer and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in January 2026). Resident equipment checks, call bell checks, and testing of hot water temperatures occur. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day as required. Calibration of medical equipment has occurred as planned. The building is a single-level building, with easy access to the garden. The maintenance officer maintains the gardens and

		grounds. There are outdoor ramps with handrails, outdoor seating, shaded areas, and garden beds. Communal areas are spacious and comfortable for the residents. The facility has sufficiently wide corridors, with handrails for residents to safely mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids, where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans. The facility is on one level. There are twenty-two single rest home rooms and three double rooms. Six rooms have adjoining lockable doors and can be utilised as adjoining rooms if required, or can be kept locked. On the day of the audit, a couple were using the adjoining room. All toilet and bathroom facilities are shared. There are sufficient toilets and bathrooms throughout the facility. Privacy locks are in place. Vacant/in-use signage is on the toilet/shower rooms. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos, and other personal items displayed. There is a reception area, kitchen, laundry, nurses' room, and office on this floor. There is a spacious lounge and a dining room adjacent to the kitchen. The environment is inclusive of peoples' cultures and supports cultural practices. Group activities occur in the lounge, and residents interviewed stated they were able to use alternative spaces if they did not wish to participate in the group activities. There has been extensive renovation since the previous audit, which includes 20 bedrooms painted, new furniture and TV added, new carpet and lighting. The call bell system and hot water tank have been replaced. Dining room and the activities room have been decorated, carpet and vinyl replaced, and furniture replaced. Showers and toilets have been fully refurbished. A new roof has been put on, and all corridors and communal areas painted with new and improved lighting. External painting and replacement of wooden steps has taken place.

		Links have been established with local Māori organisations and cultural advisors from Health New Zealand to support culturally appropriate care. The owner/clinical manager stated that internal kaumātua support was accessed during the renovation process.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand in June 2023. Fire evacuation drills are held six-monthly, with the last one completed on 22 January 2026. Civil defence supplies are stored centrally and checked at regular intervals. In the event of a power outage, there is a backup generator available from the electricity provider and gas cooking (portable gas cookers). There is adequate food and water supply available for each resident, for a minimum of three days. Emergency management is included in staff orientation, and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Indicator lights are displayed in the lounge, to alert staff of who requires assistance. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night, and staff complete security checks. Camera surveillance is in operation in the corridors and entrance/exit areas.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.	FA	Infection prevention and control, as well as antimicrobial stewardship (AMS), are integral to the Palms Rest Home business quality, risk, and management plan, ensuring an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through, Public Health, and

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.		Health NZ. Infection control and AMS resources are accessible. Infection rates are presented and discussed at resident and staff meetings. The data is also benchmarked internally. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach, involving the infection control coordinator, the management team, the general practitioner (GP), and the public health team. There is a documented process for reporting infection control and AMS issues to the owner/directors. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system, with the owners attending monthly meetings with the care manager.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control manual outlines a comprehensive range of policies, standards, and guidelines, including the definition of roles, responsibilities, and oversight; a pandemic and outbreak management plan; responsibilities during construction and refurbishment; training; and staff education. The infection prevention and control programme, policies and procedures are reviewed by management in consultation with external consultants. There was a current infection prevention and control plan in place, which is reviewed annually. Policies are readily accessible and available to staff as needed. The pandemic response plan is clearly documented to reflect the current expected guidance from Health NZ. The owner/clinical nurse manager is the infection prevention and control coordinator (IPCC), and the job description outlines the responsibilities of the role relating to infection control matters and antimicrobial stewardship (AMS). The IPCC has completed various online training courses in infection prevention and control. The IPCC was interviewed, described the pandemic plan, and confirmed that the implementation of the plan has proven successful during outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection control

		policies and practices. The internal audit of infection control monitors the effectiveness of education and infection control practices. The IPCC reported that they work in consultation with Health NZ IP control specialists in procurement processes for equipment, devices, and consumables. Sufficient infection prevention resources, including personal protective equipment (PPE), were available, and these were regularly checked against their expiry dates. The infection control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge of the requirements for standard precautions and were able to locate relevant policies and procedures. The service has infection prevention information and hand hygiene posters in te reo Māori. The cultural policy and guidelines state that the staff will work in partnership with Māori residents and family/whānau for the protection of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti. In interviews, staff interviewed understood cultural considerations related to infection control practices. There are policies and procedures in place regarding the use of reusable and single-use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audits. The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails. The infection control coordinator was involved in the recent refurbishment of the building.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and	FA	The service has an antimicrobial use policy and procedure. The

implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.		service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the resident cohort's size, scope, and complexity. Infection rates are monitored monthly, reported monthly, and presented at staff meetings. The owner/clinical nurse manager collates and analyses the electronic medication management system with pharmacy support. The annual infection control and AMS review and the infection control audit include antibiotic usage, monitoring the quantity of antimicrobial prescribed, effectiveness, isolated pathogens, and adverse effects.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data, which includes ethnicity information, is collated in the electronic record management system, and action plans are implemented accordingly. The HAIs being monitored included infections of the skin, eyes, and respiratory. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Infection prevention audits were completed, including cleaning, laundry, personal protective equipment (PPE), and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audit outcomes at staff meetings, which are documented in meeting minutes. Records of monthly data sighted confirmed minimal numbers of infections, with a comparison to the previous month, the reason for the increase or decrease, and the advised action. Any new infections are discussed during shift handovers for the implementation of early interventions. The owner/clinical nurse manager completes benchmarking by comparing with the previous month's infection data. All infection data is reported monthly to the management team. Residents and family/whānau are advised of any infections identified in a culturally safe manner. This was confirmed in progress notes

		sampled and verified in interviews with residents and family/whānau. There have been no infection outbreaks reported since the previous audit. Staff interviewed demonstrated an understanding of outbreak management processes.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Linen and personal clothes are laundered on site by staff, seven days a week. Healthcare assistants complete cleaning and laundry seven days a week. There are designated areas for clean and dirty laundry, and a clear flow from dirty to clean was evident. Kitchen linen and mop heads are also done on site. There are sufficient washing machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. Linen was transported on covered trolleys. Cleaners' trolleys were attended to at all times, and locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. Appropriate personal protective clothing was readily available. The linen cupboards were well stocked with good-quality linen. The washing machines and dryers are regularly checked and serviced. The staff members interviewed demonstrated a good understanding of cleaning processes, and infection prevention and control requirements. Kitchen and laundry audits were completed, which evidenced compliance.

		The infection prevention and control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The owner/clinical nurse manager interviewed is committed to maintaining restraint-free services. The restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible. Should restraint be considered, the owner/clinical nurse manager and care manager described the need to work in partnership with Māori, to promote and ensure services are mana-enhancing. The designated restraint coordinator is the owner/clinical nurse manager. At the time of the audit, the facility was restraint free. The use of restraint (if any) would be reported in the staff meetings (noting that restraint is not used in the facility). The restraint coordinator interviewed described the focus on maintaining a restraint-free environment. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.