

Park Estate Home and Hospital Limited - Park Estate Home and Hospital

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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Park Estate Home and Hospital Limited
Premises audited:	Park Estate Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 August 2023 End date: 16 August 2023
Proposed changes to current services (if any):	The service has requested Hospital – medical be added to their current certificate.
Total beds occupied across all premises included in the audit on the first day of the audit:	31



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 tatou 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

Park Estate rest home and hospital provides rest home, and hospital levels of care for up to 35 residents. There were 31 residents on the days of audit.

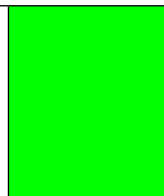
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand – Counties Manukau. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner. This audit also included verifying the service as suitable to provide care under Hospital-medical level of care.

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

This certification audit identified shortfalls in interRAI and long-term care plan timeframes.

Ō tatou 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.



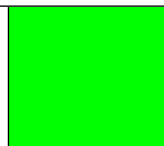
Subsections applicable to this service fully attained.

Park Estate provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and Pacific health plan. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents 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 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The facility manager and clinical manager efficiently manage entry processes. The registered nurses and the general practitioner assess residents on admission. The service works in partnership with the residents, their family/whānau or enduring power of attorneys to assess, plan and evaluate care. Care interventions were individualised and appropriate for all residents. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers and discharges are managed in a safe manner.

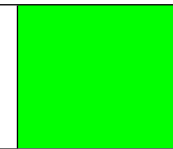
The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a safe medication management system in place. Medicines are safely stored and administered by staff with current medication administration competency. The organisation uses an electronic system for prescribing and administration of medications. The general practitioner is responsible for all medication reviews.

The food service meets the nutritional needs of the residents, with special needs catered for. Food is safely managed. The service has an approved food control plan and a current menu in use. Residents verified satisfaction with meals.

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

Includes 2 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.



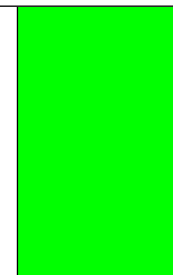
Subsections applicable to this service fully attained.

Resident areas are personalised and reflect cultural preferences. External areas are safe and well maintained with shade and seating available. Fixtures, fittings, and flooring are appropriate, and toilets and shower facilities are constructed for ease of cleaning and conveniently located. Systems and supplies are in place for essential, emergency and security services.

Testing, tagging, and calibration is completed as required. There is a current compliance schedule statement. Fire and emergency procedures are documented. Trial evacuations are conducted. Emergency supplies are available. All staff are trained in the management of emergencies. There is a call bell system responded to in a timely manner. Hazards are identified with appropriate interventions implemented. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.




Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff

as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been two outbreaks (Covid-19) since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances. There are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims to eliminate the use of restraint. This is supported by the directors and there are policies and procedures to guide staff practice. There was one restraint in use at the time of the audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	0	175	0	1	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.

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>As part of staff training, Park Estate incorporate the Māori health strategy (He Korowai Oranga), Te Whare Tapa Whā Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. All staff have access to relevant tikanga guidelines.</p> <p>The service has links with local iwi through current staff members and utilises the Care Association of New Zealand (CANZ) cultural advisor on an organisational level to support the organisation’s cultural journey.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff</p>

		<p>members. Staff members interviewed stated that they are supported in a culturally safe way and staff are encouraged to use both te reo Māori and relevant tikanga in their work with the residents, as detailed in the Māori health plan and tikanga guidelines.</p> <p>Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Nine staff members interviewed (four health care assistants (HCAs), two registered nurses (RNs), one maintenance, one cook, and one activity coordinator) described how care is based on the resident's individual values, beliefs, and preferences. Care plans included the physical, spiritual, family/whānau, and psychological health of the residents.</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>Park Estate recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025. The Code of Residents Rights are available in a number of different languages, including the languages of the Pacific Islands.</p> <p>On the day of audit there were Pacific residents living at Park Estate. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when documenting the initial care plan. Individual cultural beliefs are documented in the activities profile, activities plan and care plan.</p> <p>The service is actively recruiting new staff. The health services manager described how they encourage and support any staff that identifies as Pasifika beginning at the employment process. This was confirmed in interviews with staff who identified as Pasifika.</p> <p>Interviews with staff members, three rest home residents, four</p>

		<p>hospital residents, and five relatives (hospital) identified that the service puts people using the services, family/whānau, and the Park Estate community at the heart of their services. The service can consult with Pacific staff to access community links and continue to provide equitable employment opportunities for the Pacific community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, or clinical manager discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the monthly resident/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy 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 through the local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management and staff.</p>
Subsection 1.4: I am treated with respect	FA	Staff members interviewed described how they support residents in

<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>their choices. Residents interviewed stated they had choice and examples were provided. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. The service completes post admission surveys, and these confirmed that residents and families/whānau are treated with respect. This was also confirmed during interviews with residents and families/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. Staff interviewed stated they respect each resident's right to have space for intimate relationships, and this was confirmed in interview by a married couple residing at the facility. Staff were observed to use person-centred and respectful language with residents. Residents and families/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Te reo Māori is reinforced by those staff who are able to speak/understand te reo Māori. Māori cultural days are celebrated and include Matariki and Māori language week.</p> <p>All staff attend specific cultural training that covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, and complete a cultural validation questionnaire following training in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes, and care staff interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and family/whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</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>Information is provided to residents and family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau/next of kin are kept informed, and</p>

		<p>this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, not all residents could speak and understand English. Healthcare assistants and registered nurses interviewed described how they assist residents that do not speak English with interpreters or resources to communicate as the need arises.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and next of kin are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Te Whatu Ora- Counties Manukau specialist services (eg, physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, speech language therapist and dietitian). The delivery of care includes a multidisciplinary team. Residents and relatives provide consent and are communicated with regarding services involved. The clinical manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>There are policies around informed consent. Six resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and flu vaccinations were also on file where appropriate. Residents and relatives interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>wants them to be involved. Discussions with residents and relatives confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available. Certificates of mental incapacity and activation of the EPOA documents were on file for residents where required.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and relatives on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaints' register. There have been three complaints in 2023 year to date since the previous audit in September 2022. There have been no external complaints received.</p> <p>The management team could evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the combined staff and quality meetings. Complaints are a standard agenda item in all staff/quality, and senior team meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms are available throughout the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are held monthly. Communication is maintained with individual residents, with updates at activities and mealtimes and one on one reviews. Residents and/or family/whānau making a complaint can involve an independent support person in the process if they choose. On interview, residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori. Complaints related</p>

		documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions for some Māori.
<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>Park Estate is located in Rosehill, Papakura Auckland. Park Estate provides care for up to 35 residents at rest home, and hospital (geriatric) levels of care. On the day of the audit there were 31 residents: 15 rest home, and 16 hospital residents. All residents were under the aged related residential care (ARRC) agreement. Five beds are rest home only, and 30 beds are certified for dual purpose use.</p> <p>This audit also included verifying the service as suitable to provide care under Hospital-medical level of care. The service has links to allied health providers and Te Whatu Ora for support where needed. There are appropriate policies and procedures, and education to support residents as needed under this level of care.</p> <p>Park Estate has a current business plan (2023-2024) in place with clear goals to support their documented vision, mission, and values. The values espouse compassion, quality, innovation, individuality, and respect. The model of care sits within this framework and incorporates Māori concept of wellbeing – Te Whare Tapa Whā.</p> <p>There are two directors, one of whom is the facility manager. The management team comprises of the manager and the clinical manager. The business current business plan includes a mission statement and operational objectives with site specific goals. The management team report to the director formally on a monthly basis, in addition to the director’s daily input and attendance at the facility.</p> <p>The service has extensive iwi links through current staff members, and the CANZ cultural advisor. The director (interviewed) confirmed the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Their advisors and community links provide advice to the director in order to further explore and implement solutions on ways to achieve equity and improve</p>

		<p>outcomes for tāngata whaikaha. The working practices at Park Estate are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for Māori and tāngata whaikaha. The director and management team have attended cultural training (CANZ) to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety.</p> <p>The quality programme includes a quality programme policy, and quality goals (including site specific business goals) that are reviewed monthly in meetings.</p> <p>The facility manager has managed Park Estate since opening in 2022 and has over 10 years' experience in aged care management. The facility manager is supported by a clinical manager (at Park Estate since opening) with over six years of aged care experience, and an experienced care team.</p> <p>The facility manager and clinical manager have completed more than eight hours of training related to managing an aged care facility, including cultural training, Care Association of New Zealand study days, restraint training, and conferences. Peer support is provided by an external consultant, well known, and respected in the aged care sector.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and</p>	<p>FA</p>	<p>Park Estate has established quality and risk management programmes. These systems include performance monitoring and benchmarking through internal audits, through the collection, collation, and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any extracted quality indicator data can be critically analysed for comparisons and trends to improve health equity. All staff completed cultural safety training to ensure a high-quality service is provided for Māori.</p> <p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A</p>

<p>support workers.</p>		<p>document control system is in place. Policies are regularly reviewed and have been updated to meet the new 2021 Standard. New policies or changes to policy are communicated to staff.</p> <p>Weekly management meetings, monthly quality/staff meetings, and director meetings provide an avenue for discussions in relation to (but not limited to) quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff in their staff room and nurses' stations. Corrective actions are discussed at staff/quality meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>The service has not yet been open long enough to do an annual resident and family satisfaction survey; however, it does undertake a post admission survey among residents and families six weeks after admission, which indicate that both residents and family/whānau have high levels of satisfaction with the service provided.</p> <p>A health and safety system is in place with identified health and safety goals. Health and safety is a part of all quality/staff meetings. There is a health and safety representative (interviewed) who has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard register had been reviewed in July 2023 (sighted). Health and safety policies are implemented and monitored by the health and safety representative and management team.</p> <p>A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Wellbeing programmes include offering employees one to one assistance, flexible working arrangements when required, and shared kai.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements, and the service provides 24/7 registered nurse cover.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager and clinical manager are available Monday to Friday and are on call out of hours.</p> <p>Interviews with HCAs, RNs and management team confirmed that their workload is manageable. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews, staff meetings and resident meetings.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Competencies are completed by staff, which are linked to the education and training programme. All HCAs are required to complete annual competencies for restraint, handwashing, correct use of PPE, cultural safety, and moving and handling. A record of completion is maintained.</p> <p>The service supports and encourages HCAs to obtain a New</p>

		<p>Zealand Qualification Authority (NZQA) qualification. Currently one staff member is completing a level 2, and one completing a level 4. The service is working to encourage all staff to participate in the qualification process.</p> <p>Additional RN specific competencies include syringe driver, medication, and interRAI assessment competency. Two RNs (including the clinical manager) are interRAI trained. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. Facility meetings provide a forum to encourage collecting and sharing of high-quality Māori health information.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities, in order to balance work with life.</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>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are securely stored in hard copy. Five staff files reviewed (clinical manager, one RN, one healthcare assistant, one activities coordinator, and one cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities, and any additional functions (eg, restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented and staff who had been employed have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that</p>

		<p>provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented.</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>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use). Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for 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>	FA	<p>Accurate information about the services provided is included in the welcome pack, and this is explained and discussed with the enquirer as required. Residents enter the service when their required level of care has been assessed and confirmed by the local needs' assessment and coordination service (NASC).</p> <p>Residents were admitted under the appropriate levels of care as assessed by the NASC team. Signed admission agreements and</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>consent forms were available in the records reviewed. Residents, family/whānau and enduring power of attorney (EPOAs) interviewed stated they were satisfied with the admission process and the information that was made available to them on admission.</p> <p>Entry to service enquiries is managed by the facility manager and the clinical manager (CM). Residents' information is kept confidential in password protected electronic files and in a locked cupboard in the nurses' station. The CM stated that any delay to entry to service will be discussed with the resident or family/whānau as required. The CM stated that entry to service can be declined if the prospective resident does not meet the entry criteria or there is no vacancy. Processes are in place for communicating the reason for decline to entry and other options or alternative services information is provided. This was evident in the records seen.</p> <p>The service maintains a record of the enquiries and of those declined entry. The service is working towards implementing analysis of entry and decline rates. The admission information form includes ethnicity data. The service has established relationships with Māori cultural organisations and communities, and cultural support can be accessed for Māori residents and whānau when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Six residents' files were sampled for review (three rest home, and three hospital level of care). The registered nurses (RNs) are responsible for completing the admission assessments, care planning and evaluation. The initial nursing assessments and initial care plans sampled were developed within 24 hours of an admission, in consultation with the residents and family/whānau where appropriate, with resident's consent. The assessment tools used include consideration of residents' lived experiences, cultural needs, values, and beliefs. Initial interRAI assessments and long-term care plans were not consistently completed within three weeks of an admission. There were a number of rest home level residents admitted to the service during the floodings due to being evacuated from another facility. The RNs were unable to complete interRAI assessments within the required timeframe. These residents now</p>

		<p>have interRAI assessments and long-term care plans in place.</p> <p>The cultural safety policy utilised support kaupapa Māori perspectives to permeate the assessment process. The cultural safety policy was developed in consultation with a cultural advisor. The support plans for residents who identify as Māori reflected the partnership and support of residents and family/whānau as applicable to identify their own pae ora outcomes in their care. Tikanga principles are included within the cultural safety policy to guide care. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The strategies in place included accessing whānau support or ensuring Māori are offered and have access to Māori experts for support. The interviewed staff understood the process to support residents and whānau. Māori healing methodologies, such as karakia, rongoā and spiritual assistance are supported. Residents confirmed that they can practice their culture as desired. Cultural assessments were completed by staff who have completed cultural safety training.</p> <p>A range of clinical assessments, referral information, observation and the NASC assessments served as a basis for care planning. Residents and family/whānau representatives of choice and EPOAs confirmed they were involved in the assessment and care planning processes.</p> <p>The long-term care plans sampled identified residents' strengths, goals, and aspirations. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Behaviour management plans were completed for residents where applicable. Triggers were identified where applicable, and strategies to manage these were documented. Behaviours that challenge were monitored and recorded on the behaviour monitoring charts. There were two active wounds at the time of the audit and one unstageable pressure injury. Wound management plans were implemented with regular evaluation completed.</p> <p>Service integration with other health providers, including medical</p>
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	<p>and allied health professionals, was evident in residents' records reviewed. The contracted podiatrist visits the service six-weekly. Changes in residents' health were escalated to the general practitioner (GP) and referral to specialist services were completed, where required. Evidence of this was available in the residents' files sampled. Referrals sent to specialist services included referrals to the mental health services for older adults, eye specialist and radiology department. In interview, the GP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly. Residents were transferred to acute services for medical emergencies, with appropriate documentation.</p> <p>The contracted GP visits the service once a week and provides after hours on-call service when required. Medical assessments were completed by the GP within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed if required as determined by the resident's needs. The GP practice provides an after-hours service. Medical records were evident in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants and the RNs. Acute changes of health were reported to the RN, as confirmed in the records sampled. The long-term care plans were reviewed at least six-monthly following six-monthly interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed regularly as clinically indicated and signed off when the conditions resolved. The evaluations included the residents' degree of progress towards their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, changes to the care plan were completed. Where there was a significant change in the resident's condition, a referral was made to the local NASC team for reassessment for level of care.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance</p>
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		with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.
<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>	FA	<p>The activities programme is led by an activities coordinator. The monthly activities programme was posted on noticeboards around the facility. Residents' activity needs, interests, abilities, and social requirements were assessed on admission with input from residents, family/whānau and EPOAs. The activity plans were developed for all residents. The activities programme is regularly reviewed in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs were evaluated as part of the formal six-monthly interRAI assessments and care plan review.</p> <p>Individual and group activities and regular events are offered. Activities on the programme reflected residents' goals, ordinary patterns of life and included normal community activities. Residents are supported to access community events and activities where possible. The activities on the programme include exercises, van trips, puzzles, quiz, walks, knitting group and birthday celebrations. Cultural events that facilitate opportunities for Māori to participate in te ao Māori include celebration of Matariki and Waitangi days. Māori artwork and words were displayed throughout the facility. Daily activities attendance records were maintained. Interviewed residents, family/whānau and EPOAs confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. 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.</p>	FA	<p>The implemented medicine management system is appropriate for the size and scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. The service uses an electronic medication management system. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current</p>

	<p>medication administration competency. Regular medication management education was completed.</p> <p>Medicines were prescribed by the GP. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over-the-counter medicines and supplements were documented on the medicine charts where applicable. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently recorded on the medicine charts sampled. Standing orders policy and procedure was available to guide staff practice. The approved standing orders in place were current and signed by the GP.</p> <p>The service uses pre-packaged medication rolls. The medication and associated documentation were stored safely with restricted access. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. This was verified in medication records sampled. Medicines sampled for review were within current use by dates. Clinical pharmacist input is provided six-monthly and on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridge and the medication room sampled were within the recommended range. Opened eyedrops were dated.</p> <p>The GP and the CM stated that residents, including Māori residents and their family/whānau, are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support for Māori treatment and advice will be accessed.</p> <p>There was one resident who was self-administering medicine on the days of the audit. Appropriate processes were in place to ensure this was managed in a safe manner. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required. Medication audits were completed with corrective action plans implemented as required.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Copies of individual dietary preference were available in the kitchen folder. The food is prepared on site. The menu follows summer and winter patterns in a four-weekly cycle. The menu is current and was reviewed by a qualified dietitian.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the local Council. The current food control plan will expire on 8 June 2024. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and well equipped with special equipment available. Kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ weight was monitored regularly by the clinical staff and any concerns in weight identified were managed appropriately. Additional supplements were provided where required. Culturally specific to te ao Māori food options include boil up and kumara; the cook stated that additional options were offered per resident’s request. Residents who identify as Māori and their EPOAs were satisfied with the food services. Family/whānau are welcome to bring culturally specific food for their relatives.</p> <p>Mealtimes were observed during the audit. Residents received the support they required and were given enough time to eat their meal in an unhurried fashion. Residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Meals going to rooms on trays had covers to keep the food warm. Residents expressed satisfaction with meals. This was verified in satisfaction surveys and residents’ meetings minutes.</p>
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<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>The transfer and discharge policy guide staff on transfer, exit and discharge processes. Transfers and discharges are managed efficiently in consultation with the resident, their family/whānau and the GP. An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer letter and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers. Social support or Kaupapa Māori agencies support was accessed where indicated or requested. Referrals to seek specialist input for non-urgent services are completed by the GP or RNs. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The physical environment supports the independence of people receiving services. Handrails are appropriately placed, and the corridors are wide. The building is a spacious facility with a reception, kitchen, staffroom, communal areas such as lounges and dining area. Processes are in place to ensure the environment is hazard free, that residents are safe, and independence is promoted. There are comfortable looking lounges for communal gatherings and activities. The home has adequate space for equipment, individual, and group activities, and quiet spaces that residents and their family/whānau can utilise if required. Furniture is well maintained.</p> <p>The grounds and external areas are well maintained. External areas are independently accessible for residents. All outdoor areas have seating and shade. There is safe access to all communal areas. All</p>

		<p>rooms are personalised according to the resident's preference. Toilets are of a suitable size to accommodate equipment and the activity required for residents. All rooms (apart from the kitchen) have external windows to provide natural light. General living areas and all resident rooms are appropriately heated and ventilated. General living areas and resident rooms are heated by heat pumps, with individual controls in bedrooms. There are adequate numbers of accessible communal bathroom and toilet facilities throughout the facility. The toilets are conveniently located and are identifiable.</p> <p>The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weighing scale and clinical equipment. The scale is checked annually. Hot water temperatures were monitored monthly, and the reviewed records were within the recommended ranges. Reactive maintenance is carried out by the maintenance personnel or external contractors as required. The environmental temperature is monitored and there were implemented processes to manage significant temperature changes.</p> <p>The facility van has a current warrant of fitness, with expiry date of July 2024. Compliance certificates for fire and evacuation equipment were sighted. There is a current compliance schedule statement with an expiry date of 31 May 2024. Hazards are identified according to the health and safety programme and the hazard management process. Home decorations reflect the culture of the resident group. There is a combination of art, including items which reflect te ao Māori.</p> <p>There are no plans to build additional facilities in the near future. The directors are aware of the need to consult and co-design buildings and the surrounds to reflect the aspirations and identity of Māori when required for any new builds.</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</p>	<p>FA</p>	<p>Fire safety, disaster/emergency management and civil defence plans, policies and procedures were available. Emergency response flip charts described the required staff responses, and these were displayed on noticeboards around the facility. Staff were</p>

<p>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.</p>		<p>familiar with these and have been trained and knew what to do in the event of different types of emergencies. A fire evacuation plan in place has been approved by the New Zealand Fire Service on 26 May 2023. A trial fire evacuation drill was performed last on 17 May 2023. The drills are conducted every six-months, and these are added to the training programme. The staff orientation programme includes fire and security training.</p> <p>There are adequate fire exit doors and had clear signage. All exit doors are alarmed. The designated assembly area is clearly marked. All required fire equipment is checked within the required timeframes by an external contractor. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, and continent products. Emergency lighting was available and is regularly tested. All staff had current first aid certificates.</p> <p>The service has a call bell system in place that is used by the residents, family/whānau, and staff members to summon assistance. All residents have access to a call bell, and these are checked monthly by the maintenance personnel. Residents and family/whānau confirmed that staff responds to calls promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at a predetermined time depending on the season. There is a gate at the main entrance to the facility and call bell or access code to enter. Family/whānau and residents know the process of alerting staff when in need of access to the facility after hours.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' register.</p>
<p>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</p>	<p>FA</p>	<p>The clinical manager (registered nurse) oversees infection control and prevention across the service, with support from an external consultant. The job description outlines the responsibility of the role. The infection control and antimicrobial stewardship programme (AMS) its content and detail, is appropriate for the size, complexity</p>

<p>IP and AMS programme governance. 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>and degree of risk associated with the service. Infection control is part of the strategic and quality plans. The directors receive reports on progress towards quality and strategic plans relating to infection prevention, surveillance data, outbreak data and outbreak management, infection prevention related audits, resources and costs associated with infection prevention and control, and anti-microbial stewardship (AMS) on a monthly basis, including any significant infection events.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Counties Manukau, and an external consultant.</p> <p>There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has a pandemic response plan (including Covid-19) which details the preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the GP, laboratory, and Te Whatu Ora Health New Zealand – Counties Manukau infection control nurse specialist should this be required. There are sufficient quantities of PPE equipment available as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, training, and education of staff. Policies and procedures are reviewed by the management team and all policies are available to staff.</p> <p>Infection control is linked into the quality, risk, and incident reporting system. Infection rates are presented and discussed at staff/quality meetings. Infection control data is also reviewed by the management team and benchmarked internally. The infection</p>

		<p>control programme is reviewed annually by the management team, external consultant, and infection control audits are conducted.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo Māori information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>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. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau were kept informed and updated on Covid-19 policies and procedures through resident meetings, and emails. Posters regarding good infection control practise were displayed in English, te reo Māori, and other languages.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input to the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the facility manager. The management team and directors would liaise with their external consultant and the infection control coordinator should the design of any new building or significant change be proposed to the existing facility.</p>
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation	FA	The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through

<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>		<p>evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality improvement meetings and management team. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the Park Estate infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at staff/quality, and management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control coordinator, meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives information from Te Whatu Ora– Counties Manukau for any community concerns.</p> <p>There have been two outbreaks (Covid-19) since the last audit. The facility followed their pandemic plan. There were clear communication pathways with responsibilities and include daily outbreak meetings and communication with residents, relatives, and staff. Staff wore personal protective equipment, isolation of affected residents occurred to minimise risks, and families/whānau were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>stored in locked areas. Cleaning chemicals are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>All laundry is managed on site, with duties shared by the HCAs. The laundry area was seen to have a defined clean-dirty workflow, safe chemical storage, and the linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system. There is appropriate sluice, and has a sanitiser and PPE equipment available. The HCAs interviewed was knowledgeable around systems and processes related to hygiene, and infection prevention and control.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The directors are aware of their responsibilities in respect of restraint elimination and safe practice. Restraint elimination and safe practice is linked to the organisational quality and risk management strategies. Restraint information is presented at staff meetings monthly. At the time of audit, one resident was using a restraint as required. Restraint minimisation and safe practice policy confirms that restraint consideration and application should be completed in partnership with the resident, family/whānau, and the choice of device should be the least restrictive possible. Policies have been updated to reflect the Ngā Paerewa Health and Disability Services Standard 2021 and meets the requirements of the standard. When restraint is used, this is as a last resort when all alternatives have been explored. Restraint data is collated, analysed, and reported along with quality data and is reported to the facility manager (director).</p> <p>The restraint coordinator has a defined role of providing support and oversight for any restraint management. The designated restraint coordinator is a registered nurse. Staff have received education in restraint minimisation and safe restraint practice, de-</p>

		<p>escalation techniques, and restraint monitoring in July 2022. The interviewed restraint coordinator was aware of their role responsibilities.</p> <p>The clinical manager, restraint coordinator, facility manager (one of the directors) and the GP are responsible for the approval of the use of restraints and the restraint processes. The restraint in use has been approved, and the overall use of restraint is being monitored and analysed. The resident's family/whānau were involved in the decision making. If a Māori resident requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values. The service aims to protect and promote each person's mana, dignity, rights, maximum freedom, and functional ability.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. The resident's family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Restraint use was documented in staff and management meeting minutes. Restraint monitoring records were completed for each restraint use. The restraint was used for the least amount of time.</p> <p>Emergency restraint is only used when all other alternatives have failed. The crisis team from the local hospital can be consulted as required. If emergency restraint is required, the registered nurse will consult with the restraint coordinator, facility manager and resident or family/whānau (where applicable). A debriefing session with staff involved and resident or family/whānau is held following an emergency restraint use. The restraint coordinator stated that no emergency restraint use has been required up to date.</p>
Subsection 6.3: Quality review of restraint	FA	The restraint committee undertakes a six-monthly review of all

<p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>		<p>restraint use which includes all the requirements of the Standard.</p> <p>The outcome of the review is reported to the directors. Any changes to policies, guidelines, education, and processes are implemented if indicated. The restraint use evaluation includes identifying trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	<p>The RNs complete the interRAI assessments and long-term care plans in consultation with residents and their family/whānau, with the resident’s consent or EPOAs, where applicable; however, not all initial interRAI assessments and long-term care plans were completed within three weeks of an admission. There were a number of rest home level residents admitted due to being evacuated from another facility at the time of the flooding; resulting in missed timeframes for completion of interRAI and care plan development. Residents’ care was guided by the nursing assessments completed on admission and initial care plans. Staff regularly document in the residents’ progress notes and any identified health concerns were escalated to the RNs or the GP and investigations and follow up were completed. The facility manager stated that they now have a full complement of RNs, and a corrective action plan has been implemented to</p>	<p>In five out of six residents’ files sampled, initial interRAI assessments and long-term care plans were not completed within three weeks of admission.</p>	<p>Ensure all interRAI assessments and long-term care plans are completed in a timely manner to meet the contractual requirements.</p> <p>90 days</p>

		address the shortfall in timely interRAI and long-term care plans completion. Interviewed residents, family/whānau and observations verified that residents were receiving appropriate care to meet their needs.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.