# Devonport Palms Retirement Limited - Devonport Palms

## 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Devonport Palms Retirement Limited

**Premises audited:** Devonport Palms

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 6 August 2024 End date: 7 August 2024

**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:** 28

# 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 |
|  | 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

Devonport Palms Retirement Limited (Devonport Palms) is privately owned and operated by an experienced director who provides governance and direction. The home provides rest home level care for up to 34 residents. At the time of audit there were 28 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contracts with Health New Zealand Te Whatu Ora - Hauora a Toi Bay of Plenty. The audit process included a review of policies and procedures; review of residents and staff files; observations; and interviews with management, family/whānau, staff and the general practitioner.

The service has an experienced management team. The director has contributed to the service for 20 years. The facility manager moved into her role in November 2023 (previously the clinical manager) and brings significant local care experience. She is supported by a clinical manager and a stable group of care staff. Residents and families interviewed were very complimentary of the care and support provided. Staff turnover remains low.

There are well-developed systems, processes, policies and procedures in place that are structured to provide appropriate quality care for people who live in the service. Quality initiatives are implemented, and these provide evidence of improved services for residents.

A comprehensive orientation and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support, is in place. Resident files included service integration and input from allied health and specialists.

This certification audit has not identified any shortfalls.

## Ō tātou motika │ Our rights

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| --- | --- | --- |
| 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. |

Devonport Palms provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There are Māori and Pacific health plans in place.

The service works to provide high-quality and effective services and care for residents in a home-like environment. Residents receive services in a manner that considers their dignity, privacy, and independence. Policies are documented to support resident rights and residents state that their rights are upheld. Systems protect their physical privacy and promote their independence. Individual care plans include reference to residents’ values and beliefs.

A complaints policy is documented that aligns with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). A complaints register is maintained. 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.

Residents and relatives are kept up to date when changes occur or when an incident occurs. Systems are in place to ensure residents are provided with appropriate information to assist them to make informed choices and give informed consent.

Consents are documented by residents and there are advance directives documented if the resident is competent to complete these.

## Hunga mahi me te hanganga │ Workforce and structure

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| Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce. |  | Subsections applicable to this service fully attained. |

The service has effective quality and risk management systems in place managed through their use of the online system. This takes a risk-based approach and meets the needs of residents and staff. Data gathered is analysed and projects are implemented in response to issues raised (for example, the food services menu quality improvement project). Benchmarking takes place to monitor performance against other ‘like’ organisations who are part of the same external group and the industry average standards. Meetings are held at regular intervals to discuss quality and risk management and to ensure these are further embedded into practice. There is a health and safety management programme that is implemented with evidence that issues are addressed in a timely manner.

There is a business plan in place that includes a mission statement, structure, business purpose and values, and annual goals and objectives. Internal audits, meetings, and collation of data are all documented as taking place as scheduled, with corrective actions documented and resolved as appropriate. A health and safety programme is being implemented. The housekeeper is the designated health and safety officer. Hazards are identified with appropriate interventions implemented.

Human resources are managed in accordance with good employment practice. There is an annual leave and rostering policy.

An orientation programme is in place and there is ongoing training provided as per the training plan developed for 2024 - 2026. Rosters and interviews indicate that there are sufficient staff who are appropriately skilled, with flexibility of staffing around resident needs. A roster provides sufficient and appropriate cover for the effective delivery of care and support. Registered nursing cover is provided for 40 hours a week with both the facility manager and the clinical manager providing on call support on a rotating basis.

The residents’ files are appropriate to the service type and the service ensures the collection, storage and use of personal and health information is secure, accessible and confidential through their use of the online system.

## Ngā huarahi ki te oranga │ Pathways to wellbeing

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| 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 admission package is in place and available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision and assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans reviewed demonstrated service integration and are evaluated at least six-monthly. The resident files included medical notes by the general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Medications are administered by registered nurses and caregivers. Annual medication competencies and education are completed. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Recreational therapists provide and implement an interesting and varied activity programme. Programmes include outings, entertainment and meaningful activities that meet the individual recreational preferences. Te ao Māori is promoted through all activities. Residents' food preferences, cultural needs 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. There is a current food control plan and nutritional snacks are available 24/7. Discharges or transfers are managed in a coordinated manner.

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

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| 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 building has a current warrant of fitness which expires on 21st January 2025. The building and equipment comply with legislation. There is a preventative maintenance schedule in place. Fixtures, fittings and flooring are appropriate and there are sufficient bathroom facilities to meet the needs of residents. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade.

Electrical equipment has been tested and tagged and is subject to regular visual inspection. All medical equipment has been serviced and calibrated.

There is an emergency management plan in place and adequate civil defence supplies in the event of an emergency. There is an approved evacuation scheme and emergency supplies for at least three days. Appropriate training, information, and equipment for responding to emergencies are provided. Fire drills occur six-monthly.

The building is secure at night to ensure the safety of residents and staff. There is always a staff member on duty with a current first aid certificate.

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

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

Infection prevention management systems are in place to minimise the risk of infection to residents, 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. Infection control education is provided to all staff and documentation evidenced this was part of staff orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

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.

Antimicrobial usage is monitored and reported on.

A robust pandemic and outbreak management plan is in place including a Covid-19 response procedure. The internal audit system monitors for a safe environment. There has been one Covid-19 outbreak since last audit.

Documented processes are in place for the management of waste and hazardous substances. Chemicals are stored safely throughout the facility. Policies and procedures for the cleaning and laundry services are in place and implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

## Here taratahi │ Restraint and seclusion

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| 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 aim of the service and governing body is to eliminate restraint. The restraint policy includes objectives for eliminating restraint. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. Restraint is only used as a last resort when all other options have been explored. On the day of the on-site audit, there was one resident using restraint. Documentation of restraint use is robust and includes assessment, consent, monitoring, and evaluation to minimise associated risks. Quality review of restraint use occurs monthly and is benchmarked.

## 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 | 29 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 176 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **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 | The Māori Health Plan acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. Te Tiriti o Waitangi framework adopted by the service includes the concepts of partnership, protection and participation and equity. These concepts are incorporated in service provision to ensure residents’ rights are upheld and the service is client focused in a way that supports them to retain their cultural identity and ensures they have options that are meaningful and culturally unique to them. The service currently has residents who identify as Māori.  Staff cultural training begins during orientation and continues annually. Staff competency in the concepts of cultural safety is assessed through the completion of quizzes which are retained on individual staff members’ files. Staff competency completion and automated reminders are managed electronically. Training covers discussions in relation to the importance of Te Tiriti o Waitangi and how the principles of partnership, protection, participation and equity 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.  Key relationships with Māori are in place through the Māori Health Advisor at Support Net; Otumoetai Health Centre which has a general practitioner (GP) who identifies as Māori if required; Health New Zealand; and the facility manager who identifies as Māori (Ngāti Ranginui). At the time of the audit over 20% of the staff identified as Māori, and the service supports the employment of further Māori staff if they apply.  Four residents interviewed (all rest home including a younger disabled person) reported they are involved in providing input into the resident’s care planning, activities and their dietary needs. Three caregivers the cook and the diversional therapist 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.  Care plans included the physical, spiritual, family/whānau and psychological health of the residents. |
| 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 | Devonport Palms recognises that Pacific people are a key population group in New Zealand. Their Pacific People’s Culture and General Ethnicity Awareness Policy references the four key goals outlined in the Pacific Aotearoa Lalanga Fou report for pacific communities within NZ – 1. Thriving Pacific languages, cultures and identities. 2. Prosperous Pacific communities. 3. Resilient and healthy Pacific Peoples. 4. Confident, thriving and resilient Pacific young people.  Specifically in the rest home setting, Devonport Palms recognises to achieve optimal outcomes for Pacific People in their service, Pacific culture, language, faith and family values, which form the basis of their culture, are important aspects of recognising the individual. At the time of the audit there were no Pacific residents living at Devonport Palms.  There is a process to gather ethnicity information and Pacific people’s cultural beliefs and practices during the admission process, which would then be entered into the residents’ file. Family/whānau are encouraged to be present during the admission process and the service welcomes input from residents and family/whānau when documenting the initial care plan. The service has access to Pasifika health providers through Health New Zealand.  There are no staff who identify as Pasifika. Staff receive biennial education in relation to cultural safety. This education as it relates to Pacific Peoples is supported by a range of resources that are in the online document library. Education can be arranged through Pacific people’s partnership agreements with local representatives within the community. Staff competency in the concepts of cultural safety is assessed through the completion of quizzes which are retained on individual staff files.  When the service is actively recruiting new staff, the facility manager confirmed that the service would encourage and support any applicants that identify as Pasifika, during the interview process. Interviews with management, staff members, residents, and family/whānau identified that the service puts people using the services, whānau, and the local Devonport Palms community at the heart of their services. |
| 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 | The Health and Disability Commissioner’s (HDC) Code of Health and Disability Services Consumers’ Rights (the Code) is displayed in multiple locations throughout the home. Details relating to the Code are included in the information provided to new residents and their family/whānau. The clinical or facility manager discusses aspects of the Code with residents and their family/whānau on admission. All residents and family/whānau interviewed reported that residents’ rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.  Information about the Nationwide Health and Disability Advocacy Service is available in the resident lounge, and in the information pack provided to residents and their family/whānau on entry to the service.  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. Two family members stated that resident rights are respected.  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. |
| 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 | Care staff interviewed described how they support residents to choose their activities throughout the day. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care. The 2023 resident satisfaction survey results confirmed that residents found staff welcoming, friendly and respectful. This was confirmed during interviews with residents and family/whānau.  A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. Staff were observed to use person-centred and respectful language with residents. Residents interviewed were positive about the service in relation to their personal choices, values and beliefs being considered and met.  Privacy is ensured and independence is encouraged. Resident files reviewed identified residents’ preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified. A spirituality policy is in place.  Te reo Māori signage was evident in a range of locations. Te Tiriti o Waitangi and tikanga Māori training is provided. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living and non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to. |
| 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 | A staff code of conduct is discussed during the new employee’s induction to the service, with evidence of all new 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 their own bias.  A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for Māori residents. Care plans contained appropriate cultural information specific to Māori.  Residents interviewed stated that they have not experienced any discrimination, coercion, bullying, sexual harassment, or financial exploitation and that staff are caring, supportive, and respectful. There are procedures in place to manage resident comfort funds.  There are implemented policies and procedures to protect clients from abuse, including discrimination, coercion, harassment, and exploitation. Staff complete education during orientation and 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, along with actions to be taken if there is inappropriate or unlawful conduct. Expected staff practice is outlined in job descriptions. Staff interviewed demonstrated an awareness of the importance of maintaining professional boundaries with residents. |
| 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 | Residents interviewed confirmed they were given an explanation about the services and procedures and were orientated to the home as part of the entry process. Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau/next of kin of any accident/incident that occurs. All correspondence with family/ whānau is documented in the resident’s file and in the progress notes. Residents stated that their family/whānau are informed of changes in health status and incidents/accidents, which was confirmed by family/whānau interviewed. A review of incident forms confirmed that family/whānau were informed in a timely manner when incidents occurred.  Resident and family meetings occur three monthly. Residents and family confirm that they find the meetings useful and that they provide opportunities to raise issues or concerns. Residents and family/whānau interviewed confirmed that the facility manager has an open-door policy and resolves concerns proactively.  An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents could speak and understand English. Caregivers interviewed described how they would assist any resident that did not speak English, with interpreters or resources to communicate, as the need arises.  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 family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The delivery of care includes the multidisciplinary team. The facility manager described the importance of providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. |
| 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 organisational policies around informed consent that align with the Code. General consent forms are signed appropriately either by the resident or the activated enduring power of attorney (EPOA). Separate consent forms for Covid - 19 and flu vaccinations are also on file, when appropriate. Residents interviewed could describe what informed consent was, and their rights around choice.  The organisational advance directive policy has been implemented. There were appropriately signed resuscitation plans and advance directives in place as sighted in resident files reviewed. Where an EPOA has been activated, an activation letter and incapacity assessment is on file. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident’s care. Staff have received training related to informed consent.  Admission agreements had been signed and were sighted on the resident files reviewed. |
| Subsection 1.8: I have the right to complain  The people: I feel it is easy to make a complaint. When I complain I 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. | FA | There is a complaints policy with responsibilities identified to ensure that all complaints are fully documented and investigated. At Devonport Palms, the facility manager is responsible for addressing any complaints.  The complaints procedure (including a copy of the complaint form) is provided to residents and family/whānau on entry to the service. The service maintains a record of all complaints, both verbal and written on the complaints register. The complaint documentation process includes acknowledgement, investigation, follow-up letters and resolution to demonstrate that any complaints received would be managed in accordance with the guidelines set by the Health and Disability Commissioner (HDC). There were two complaints made in 2023 and two in the 2024 year to date (one currently in the assessment stage from HDC). The complaints reviewed included acknowledgement, follow-up and resolution. Staff interviewed confirmed they would be informed of complaints in the three-monthly staff meetings (meeting minutes sighted).  Discussions with residents and family/whānau confirmed they were provided with information on the complaints process, and that complaints forms are provided in the admission pack and available near the entrance to the home. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held three-monthly. 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. The complaints process is equitable for Māori and the management team are aware of the preference of face-to-face interactions for some Māori. |
| Subsection 2.1: Governance  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. | FA | Devonport Palms is located in Tauranga. It provides care for up to 34 residents requiring rest home level care. The building comprises four care units (Alexandria, Nikau, Phoenix and Kentia) over two floors and includes four ‘care suites’ which have been certified for two residents at any given time. On the day of audit, there were 28 residents, including one resident under the age of 65 on a younger resident with a disability (YPD) contract, and one resident who had a special dispensation from the Ministry of Health to be in the service at hospital level of care. All residents (except for the YPD resident) were under the aged related residential care (ARRC) agreement.  Devonport Palms is a privately owned and operated rest home and is a member of the Cavell group. The Cavell group is a group of independent aged care providers who share policies and provide collegial support while maintaining their independent businesses. Devonport Palms is governed by an independent director with 20 years’ experience who provides hands-on guidance and direction. The facility manager is responsible for the operational oversight of the business with the managing director responsible for the financial aspect of the business. The clinical governance structure is appropriate to the size and complexity of the service.  The service has a comprehensive set of organisational policy and procedure documents provided by an external contracted service. Residents are surveyed annually to ascertain feedback. Feedback is utilised to improve services.  The quality assurance and risk management programme includes the regular conducting of a wide range of internal audits aimed at ascertaining compliance against areas of contractual and legislative requirement. These internal audits further assess areas for potential improvement to service. The outcomes of these audits are discussed and analysed further at regularly scheduled management meetings to ensure appropriate corrective actions are effectively implemented. The service contract the services of the external contractor to assist in the regular review of their processes in accordance with industry evidenced based practice.  Devonport Palms has a current 2024 -2026 business plan that sets out the quality goals for the service. This includes a documented mission statement, structure, business purpose and values, and quality and risk management programme that describes annual goals and objectives. The goals and objectives are reviewed regularly, and the facility manager and clinical manager formally meet monthly with the director to report against the quality and risk plans and more regularly on a variety of operational issues and clinical matters.  The service is managed by a facility manager who took up the role in November 2023. They were the previous clinical manager. The facility manager is a registered nurse with a background in critical care, community and aged care and disability services, and is currently undertaking post graduate study at the University of Auckland. They are being mentored by the director who has a background in management consulting. A new clinical manager has been appointed who commenced the role in November 2023. There is a stable team of senior caregivers.  The facility and clinical managers have attended at least eight hours of professional development that relates to management and/or clinical care.  The management team and owner work with mana whenua (external links) in business planning and service development to improve outcomes and achieve equity for Māori that includes identifying and addressing barriers for Māori. The owner, facility and clinical manager have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety as core competencies and the facility manager whakapapa to Ngati Ranginui. |
| 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 | Devonport Palms has a quality and risk management system provided by and external consultant which is embedded into practice. The quality and risk management system includes performance monitoring through internal audits and the collection of clinical indicator data. Corrective actions are documented to address service improvements, with evidence of progress and sign off when achieved. Data relating to clinical indicators is collected and analysed, and results discussed in the three-monthly quality/health and safety, and staff meetings. Progress with the quality management programme is monitored through these meetings. The meeting minutes sighted evidence tabling of data around health and safety, complaints, accidents/incidents, infection control, internal audit results, use of restraint, and survey results. Any corrective actions are documented with evidence that resolution occurs in a timely manner. Benchmarking of data takes place with indicators measured and documented for the organisations who utilise the electronic online software suite against industry averages. Trends are analysed. Staff interviewed, confirmed they are well informed, receive quality management programme information and are given the opportunity to discuss issues, trends and corrective actions.  Staff meetings provide an avenue for discussions in relation to health and safety; infection control; outbreak management; adverse events; audit performance; complaints received (if any); staffing; and education. Quality and risk performance is reported across facility meetings and to the director. Annual quality improvement goals are described and include plans to achieve these goals. The policies and procedures being implemented provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Policies are reviewed on a regular basis by the external consultant and any new policies or changes to policy are communicated to staff. The content of policy and procedures are detailed to allow effective implementation by staff. A document control process is well established.  There are three-monthly resident meetings and family are invited to attend. These provide a forum for sharing of survey results, staff movements and outbreak management and for providing feedback and/or raising issues of concern. An annual resident satisfaction survey is conducted, the last in December 2023 which showed a high level of satisfaction, particularly in relation to staff interactions and care. Corrective actions were implemented in relation to food quality, quantity and temperature and internet access.  The service has implemented a health and safety management system with the housekeeper in the role of health and safety officer. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored at the relevant meeting. Hazard identification forms and an up-to-date hazard register were sighted. Each accident/incident is documented on the online system. Accident/incident forms reviewed indicated that the forms are completed in full and are signed off by the clinical manager. Accident and incident data is collated monthly and analysed. Results are discussed in meetings.  Since the last audit, there have been several improvements made. These include the move to the online system; supporting caregivers to grow their skills; upgrading the internet system to fibre to improve resident access; new carpeting of the lounge, hallway, dining room and nurse’s station; new fencing along the west side of the building; improvements to the menu and the resident ordering system; and commencing a three-monthly resident newsletter.  The service provides training and support to ensure all staff are adequately equipped to deliver high quality health care for Māori.  Discussions with the facility manager evidenced awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 reports have been completed to notify HealthCERT of changes to the facility and clinical manager roles. There was one Covid-19 outbreak documented (December 2023) since the last audit. |
| 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 | Devonport Palms maintains stable staffing and the facility manager described staff turnover as low. There are staffing policies documented that describe rostering requirements. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and the clinical manager (who are both registered nurses) work full time from Monday to Friday and share the on-call roster week about. There are also three staff members living in the house located next door who share a roster to assist with on-call immediate requests and who can provide emergency support when required.  Staff and residents are informed when there are changes to staffing levels, as confirmed in staff interviews and meeting minutes. Interviews with the caregivers confirmed that overall staffing is adequate to meet the needs of the residents. There is the flexibility on the roster to increase hours to meet residents’ needs. Residents and family/whānau interviewed confirmed there are always sufficient staff on duty.  The two-yearly education programme covers contractual requirements. Training is delivered in several ways including an online staff training programme, face to face on-site training, and access to external speakers as available on relevant topics. Training included the provision of safe cultural care, and Te Tiriti o Waitangi.  The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen caregivers are employed. Eleven caregivers have achieved level four, and two the level three NZQA qualification. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) training and competencies completed include medication; fire safety; first aid; safe moving and handling; falls management; infection prevention and control; cultural competency, code of health and disability services consumers rights and restraint. The facility manager and clinical manager are both interRAI trained. Care staff are encouraged to complete additional training where available. Staff wellness is encouraged through participation in health and wellbeing activities and to balance work with life. |
| 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 | There are human resource policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored on the electronic system. Five staff files reviewed evidenced implementation of the recruitment process, employment contracts, completed orientation and performance appraisals. There were job descriptions in place for all positions that included 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 (e.g., restraint coordinator, infection prevention and control coordinator). A register of practising certificates is maintained for all health professionals.  Staff files reviewed showed that staff who had been employed for over 12 months have an annual appraisal on file. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RN’s and caregivers to provide a culturally safe environment to Māori. Ethnicity data is identified, and an employee ethnicity database is available. |
| 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 | Resident files and the information associated with residents and staff are retained on the online system. Electronic information is regularly backed-up and password protected. 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. Resident archived files (prior to the online system) are securely stored in a locked room and are easily retrievable when required. 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. |
| 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 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. | FA | Entry into the service by residents is facilitated in an equitable, timely and respectful manner. Admission information packs are provided for family/whānau and residents prior to admission or on entry to the service. The six admission agreements reviewed align with all contractual requirements and all had been signed. All exclusions from the service are documented in the admission agreement.  Family/whānau and residents interviewed stated they received the information pack and sufficient information prior to and on entry to the service. Policies and procedures are in place to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical manager are available to answer any questions regarding the admission process. The RN’s who were interviewed advised the service communicates openly with potential residents and family/whānau during the admission process.  Declining entry to a potential resident would only occur if there were no beds available or they did not meet the admission criteria. If residents are declined the resident and family/whānau are provided with alternative options and links to the community. Ethnicity information at the time of enquiry from individual residents is analysed for the purposes of identifying entry and decline rates. The facility confirmed records are be kept if any potential resident was declined, four have been declined for 2024. The service has a meaningful partnership and working relationships with local kaumātua to benefit Māori individuals and whānau. |
| 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 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. | FA | The clinical manager is responsible for all residents’ assessments, care planning and evaluation of care. Six resident files were reviewed including one at hospital level, (this resident has an approval letter to allow the service to provide care to one hospital resident in this rest home care facility). The service also provides care to one younger person disabled resident (rest home level care). Initial care plans are developed with the residents or with enduring power of attorneys’ (EPOA) within the required timeframes. Care plans are based on data collected during the initial nursing assessments, which includes (but is not limited to) dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the Needs Assessment and Service Coordination (NASC) or other referral agencies.  The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. All long-term care plans and interRAI assessments sampled had been completed within three weeks of the residents’ admission to the facility. Long-term care plans are designed to be holistic and individualised to meet the needs and preferences of the resident. Documented interventions meet the residents’ assessed needs; all care plan interventions were detailed to direct comprehensive care delivery. Short-term care plans are developed for acute/short term needs; with all ongoing needs added to the long-term care plan.  A comprehensive Māori health care plan is in place which describes the supports required. One resident’s file for a person who identifies as Māori has well documented cultural interventions. Staff interviewed understood and were able to describe how they would remove barriers, so residents have access to information and services required to promote independence. The facility manager and clinical manager also described working alongside residents and family/whānau when developing care plans, so residents pae ora outcomes would be developed.  The general practitioner (GP) completes the initial medical assessment within the required timeframe following admission. Residents have regular reviews by the GP within required timeframes at the three-monthly GP clinic held at the facility. The GP is also available when there are changes in health status and on call. Documentation and records reviewed were current. The GP was interviewed on the day of audit and was complimentary of the service.  Contact details for family/whānau are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family are informed where changes in health occur, including infections, accidents/incidents, GP visits, medication changes and any changes to health status.  A range of wound care products were available at the facility. The review of the wound care plan evidenced that one wound (a stage two pressure injury) has been assessed in a timely manner and reviewed at appropriate intervals.  Caregivers interviewed describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery. The handover observed on the day of audit was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers. When there are changes in the residents’ health, these are reflected in the progress notes to reflect the residents’ journey. When an incident or changes in health status occur the care plans are updated by the clinical manager and progress notes are updated. All resident incidents were evidenced as being followed up in a timely manner by the clinical manager.  Monthly observations such as weight and blood pressure are completed and were up to date. Interviews with caregivers confirmed they are familiar with the needs of all residents in the facility, and they have access to the supplies and products required to meet those needs. In the event of a fall, the falls policy is followed. Neurological observations were implemented following falls that are identified as unwitnessed falls. Post falls assessments and neurological observations have routinely been commenced as per policy. The incidents that were reviewed were for falls where no injury was sustained.  Resident care is evaluated on each shift and reported at handover. 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 include the degree of achievement towards meeting desired goals and outcomes.  Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. |
| 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 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. | FA | The activities programme is implemented by the diversional therapist with assistance from a part time activity person who provide the programme Monday to Friday. The overall programme has an integrated resident led approach to the activities programme that is appropriate for all residents.  Activities programmes are displayed in large print on noticeboards around the building and each area also has a whiteboard advising of the day’s events, to assist all residents and staff to know what is on the daily programme. There are a range of activities appropriate to the residents’ cognitive and physical capabilities. Activities include exercises, intellectual games, board games, happy hour, walking groups, quizzes, church services, craft, and musical entertainment. The programme allows for flexibility and resident choice of activity. Outings are organised and regular visits from community visitors occur. Church services including multi-denominational services are available. On the day of the audit, residents were participating in exercises and enjoying entertainment.  The service ensures staff are aware of how to support Māori residents in meeting their health needs and aspirations in the community. Themed days such as Waitangi Day, and ANZAC Day are celebrated with appropriate resources available. Family/whānau participation in the programme is encouraged. The service has access to kaumātua through linkages with local marae. Residents are encouraged to maintain links to the community.  The residents’ activities assessments are completed by the diversional therapist and include cultural assessments, information on residents’ interests, previous occupations are gathered during the interview with the resident and/or their family/whānau and documented. The 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. The residents’ activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process. The residents and their family/whānau reported satisfaction with the variety of activities provided that catered for everyone’s needs. |
| Subsection 3.4: My medication  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. | FA | Policies and procedures were in place for safe medicine management. Staff responsible for medication administration have all completed annual medication competencies and education related to medication management. There is one secure medication room. The medication fridge and room air temperatures are checked daily. Temperatures are recorded and are within the acceptable temperature range. Eye drops are dated on opening and are within expiry date. Twelve electronic medication charts were reviewed and met prescribing requirements. Medication charts have photographic identification and allergy status notified. All medications are charted either regular doses or as required. The GP has reviewed the medication charts three-monthly and discussion and consultation with residents takes place during these reviews and if additions or changes are made.  All pro ne rata (PRN) medications have prescribed indications for use; with the effectiveness of ‘as required’ medication recorded in progress notes or the medication system. Standing orders are not in use. Staff have received training in medication management and pain management as part of their annual scheduled training programme. Over the counter medication and supplements are recorded on the medication chart. Medication policies and the Māori health plan evidence appropriate support, advice and treatment for Māori residents is incorporated into medication management.  There were residents self-administering their medications on the day of the audit, all of whom had completed assessment, monitoring, and review documentation for this which was reviewed by the GP at least three monthly or more often if required. A medication audit is completed as per the audit schedule and corrective actions implemented where 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 | The kitchen services are overseen by chef and team. All food services staff have completed food safety training. All meals and baking are prepared and cooked on site. The four-week seasonal menu has been reviewed by a dietitian and meets requirements for older people. Food preferences and cultural preferences are included at resident’s requests including hangi or other cultural requests. Dislikes and special dietary requirements are accommodated, including food allergies. The menu provides pureed/soft meals as well as gluten free options if required. Alternatives are available at the residents’ requests or provided as needed. Specialised utensils and plates are available as required. Residents and family/whānau interviewed confirmed that likes and dislikes are accommodated, alternatives offered and that they are satisfied with the meal service and the options available.  There is a walk-in fridge and freezer with temperatures recorded daily. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen is clean and has a good workflow. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves. There is a verified food control plan expiring in July 2025. Chemicals are stored safely, and safety datasheets are available.  Once cooked, the meals are plated and transported to the dining rooms. Food temperatures are recorded. Residents may choose to have their meals in their rooms. Food going to rooms on trays is covered to keep the food warm. There are kitchenette areas with cold drinks available and tea and coffee facilities, small fridge, and a microwave in communal areas for residents and family/whānau to use. Residents provide verbal feedback on the meals through the meetings and surveys. Resident preferences are considered with menu reviews. The cook stated cultural meals are provided at the request of the family. Kitchen staff and caregivers interviewed had a good understanding of tikanga practices related to food services.  Residents are weighed monthly unless this has been requested more frequently due to weight loss. |
| 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 | Discharges or transfers are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge, transition or transfer of residents is undertaken in a timely and safe manner. Residents and their family/whānau are involved in any discharge or transfer to or from the service. Transfer notes (or discharge for example to another facility) include advance directives, medication chart, GP notes, summary of the care plan, the resident’s profile, including family/whānau details. When a resident returns to the service, the discharge summary from an inpatient unit is uploaded to the electronic resident’s file. The clinical manager stated that they receive comprehensive handovers from any other service. The residents (if appropriate) and family/whānau were involved for all discharges and transfers 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. |
| 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 | Devonport Palms has a current building warrant of fitness, which expires on 21st January 2025. Suitable systems are in place to ensure that the physical environment and facilities, both internal and external, are appropriate for the use of residents requiring rest home level care. There is a maintenance request book for repair and maintenance requests located at reception. Equipment failure or issues are also recorded in the handover book. This is overseen by the housekeeper, checked daily and signed off when repairs have been completed. Essential contractors/tradespeople are available 24 hours a day as required.  There is a 52-week annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. All electrical equipment has been tagged and tested and medical equipment is calibrated annually (last checked in April 2024). Hot water checks are completed monthly and are all within expected range.  Devonport Palms has stair and lift access between two floors. The lift can accommodate a bed/ambulance stretcher. Corridors are wide and provide adequate space for residents to move freely around the home using mobility aids. All internal and external areas are easily accessible. External areas are well maintained. The external garden areas are easily accessible and provide seating and shade. There is a monitored outdoor area where residents may smoke. All other areas are smoke free.  There is a mixture of resident rooms including four apartments which can accommodate two persons. The rooms provide a mix of single and shared ensuites. Residents are encouraged to personalise their rooms, as viewed on the day of audit. Toilets and showers are of an appropriate design, with adequate space for mobility aids. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. All bedrooms and communal areas have ample natural light and ventilation. All heating is thermostatically controlled. Staff and residents interviewed, stated heating and ventilation within the home is effective.  There is a large open plan lounge on the ground floor with access to the outdoor area. The upstairs area has a lounge with kitchenette, which allows for small group or individual quiet time and family visits. There is a separate resident dining room. All lounge/dining areas are easily accessed, spacious, inviting and appropriate for the needs of the residents. Residents can move freely and safely, and furniture is arranged to facilitate this. There is adequate space to allow for individual and group activities to occur within the lounges.  There is no planned development at Devonport Palms but if this changed, the facility manager confirmed there would be consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. |
| 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 | Devonport Palms has policies and procedures on emergency and security situations including how services will be provided in health, civil defence or other emergencies. Information around emergency procedures is provided for residents and family/whānau in the admission information provided. The orientation programme for staff includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures.  Civil defence supplies are readily available and include water, food and supplies (torches, radio and batteries), emergency power and barbeque. In the event of a power outage, there are gas hobs available in the kitchen should gas cooking be needed and a barbeque on site. There are sufficient supplies of food stored in the kitchen (freezer/storeroom) for three to five days. Emergency lighting is available to give staff time to organise emergency procedures. There is a 5,000-litre tank on site which provides sufficient emergency water for four litres per person, per day for over three days for resident. A generator is readily available on rental through a local company.  The fire evacuation plan was approved by the New Zealand Fire Service on 18th July 2020. A fire evacuation drill is repeated six-monthly in accordance with the service’s building warrant of fitness; with the last fire drill having been completed on 1st May 2024. A resident building register is maintained. Fire safety training is completed with new staff as part of the health and safety induction and as part of ongoing training. There is always a staff member on duty with a current first aid/CPR certificate.  Residents’ rooms, bathrooms and living areas all have call bells. During the audit, residents were observed to have their call bells near their position. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Call bells and sensor mats when activated show on a display panel and give an audible alert.  Security policies and procedures are documented and implemented by staff. The buildings are secured after hours, and staff complete regular security checks at night. There is security lighting externally. Visitors and contractors are instructed to sign in and complete visiting protocols. |
| 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. 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. | FA | The infection prevention and 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 electronic quality risk and incident reporting system. Included in the infection prevention and control programme is antimicrobial stewardship (AMS). Antimicrobial stewardship is an integral part of the service strategic and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through support office, a microbiologist and Public Health. Infection control and AMS resources are accessible. The infection prevention and control programme is reviewed annually.  Infection rates are presented and discussed at all service meetings. The data is also benchmarked with the other services through the consultancy that developed the infection control plan. Infection control and prevention information is displayed on staff noticeboards. Any significant events are managed using a collaborative approach and involves the infection control coordinator (the clinical manager), the facility manager (the owner/director), GP, and the public health team. |
| 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 coordinator oversees and coordinates the implementation of the infection control programme. Infection control coordinator`s role, responsibilities and reporting requirements are defined in the job description. The infection control coordinator is very experienced and has completed infection prevention and control for clinical staff and has access to shared clinical records and diagnostic results of residents.  Policies reflect the requirements of the infection prevention and control standards and include appropriate referencing. Policies are available to staff. The infection control coordinator has input into other related clinical policies that impact on health care associated infection (HAI) risk.  The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient resources including personal protective equipment (PPE) were available on the days of the audit. Resources were readily accessible to support the pandemic response plan if required.  Staff have received infection control education at orientation and through ongoing annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents takes place on an individual basis and as a group in residents’ meetings and included reminders about hand hygiene and advice about remaining in their room if they are unwell, as confirmed in interviews with residents.  The facility manager and owner director stated that the infection control coordinator would be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.  Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. A decontamination and disinfection policy is in place to guide staff.  Infection control audits were completed, and where required, corrective actions were implemented. Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Flowing soap and sanitiser dispensers were readily available around the facility. The kitchen linen is washed separately, and different/coloured face clothes are used for different parts of the body and same applies for white and coloured pillowcases. These were culturally safe practices observed, and thus acknowledge the spirit of Te Tiriti o Waitangi. The facility manager reported that residents who identify as Māori will be consulted on infection control requirements as needed. In interviews, staff understood these requirements. The service has printed educational resources in te reo Māori. . |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and 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. | FA | The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported at all facility meetings. Prophylactic use of antibiotics is not considered appropriate and is discouraged. |
| 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 is collated, and action plans are implemented. Health care-associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, soft tissue, and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. The service is including ethnicity data in the surveillance of healthcare-associated infections. Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings.  Records of monthly data sighted confirmed minimal numbers of infections, comparison with the previous month, reason for increase or decrease and action advised. New infections are discussed at shift handovers and weekly management meetings to ensure interventions are implemented as soon as they can be. Benchmarking is completed with other facilities. Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one Covid-19 outbreak reported since the last audit, which was reported and well managed. |
| 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 | The infection control coordinator oversees the implementation of the cleaning, laundry, and audits. Policies regarding chemical safety and hazardous waste and other waste disposal are in place. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning trolleys are stored 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. There is a sluice room in each area and a sanitiser with stainless steel bench, and separate hand hygiene/washing facilities with flowing soap and paper towels. Eye protection wear and other personal preventative equipment are available. Staff have completed chemical safety training. The chemical provider monitors the effectiveness of chemicals.  Designated cleaners (housekeepers) are rostered over seven days. The housekeepers have attended training appropriate to their roles. Cleaning guidelines are provided. Cleaning schedules are maintained for daily and periodic cleaning. The facility was observed to be hygienically clean throughout. The facility manager has oversight of the facility testing and monitoring programme for the built environment. There are regular internal environmental cleanliness audits which did reveal any issues. All clothing and linen are laundered on site. The laundry has defined dirty and clean areas. Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. The linen cupboards were well stocked with good quality linen. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly. |
| 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 restraint policy confirms that restraint consideration and application must be done in partnership with families and the choice of device must be the least restrictive possible. At all times when restraint is considered for Māori, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is the clinical manager, who provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures. The facility had one hospital resident on restraint (bedrails) at the time of the audit. An interview with the restraint coordinator described the organisation’s commitment to restraint minimisation and implementation across the organisation. The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff.  A review of the documentation of the resident requiring restraint, included a process and resources for assessment, consent, restraint care plan monitoring, and evaluation. The restraint approval process includes the resident (if competent), GP, restraint coordinator, RN and family/whānau approval. Restraint review meetings occurs monthly as part of the quality improvement meeting. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour. Staff completes a restraint competency annually. The service is actively working towards eliminating restraint. |
| Subsection 6.2: Safe restraint  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. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort. | FA | A restraint register is maintained by the restraint coordinator. A restraint policy documents the requirements of safe restraint use and the type of restraints approved. One hospital resident’s file was reviewed. The restraint assessments reviewed address alternatives to restraint use before restraint was initiated. Cultural considerations are included in the restraint assessments. Written consent was obtained by the residents’ EPOAs following a comprehensive discussion. The use of the restraint and risk associated with restraint use and frequency for monitoring were stated in the resident’s care plan.  The care plan addresses the resident’s cultural, physical, psychological, and psychosocial needs. Monitoring forms are completed as per the monitoring frequencies stated in the restraint policy. Any comments related to restraint use is recorded on the electronic form and in progress notes. The service does approve the use or implementation of emergency restraint practices, as documented in the restraint policy. Any accident or incident that occurred because of restraint use is monitored. Residents using restraints are reviewed three-monthly. Restraint use is discussed in the monthly quality improvement, RN meetings and at handover. |
| Subsection 6.3: Quality review of restraint  The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. 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. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. | FA | The restraint programme is reviewed annually. Monthly reporting on restraint usage and benchmarking is included, as well as evaluation of the staff restraint education programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried.  Residents requiring restraint are discussed at the facility meetings and management meetings as a standard agenda item.  The restraint programme is reviewed annually. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated and when all other alternatives have been tried. |

# 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.

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| 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.

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End of the report.