

# Oceania Care Company Limited - Bayview

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:** Oceania Care Company Limited

**Premises audited:** Bayview

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 20 April 2022 End date: 21 April 2022

**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:** 78

# Executive summary of the audit

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## 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

The Bayview provides hospital and rest-home services for up to 91 residents. The facility is based in Tauranga in the Bay of Plenty and is operated by Oceania, a large, privately owned company offering aged residential care services and retirement villages across the North and South Islands.

This certification audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, contracted allied health providers and a general practitioner.

A strength of the service, resulting in a continuous improvement rating, is the food service. No areas for improvement were identified. Good progress is being made by the organisation to meet all the new and partially new sub-standards and criteria.

## 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.
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The provider maintains a socially inclusive and person-centred service. The residents confirmed that they are treated with dignity and respect at all times. Cultural and spiritual needs are identified and considered in daily service delivery. Information is communicated in a manner that enables understanding. Consent is obtained where and when required.

All staff receive in-service education on Te Tiriti O Waitangi and the Code of Health and Disability Services Consumers' Rights (the Code). There is a Māori health plan to guide staff to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. The plan describes equity and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

There was no evidence of abuse, neglect, or discrimination. Complaints are resolved promptly and effectively in collaboration with all parties involved.

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

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

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.		Subsections applicable to this service fully attained.
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Entry processes are efficiently managed by the guest services manager, the business care manager, and the clinical manager. The registered nurses and the nurse practitioner (NP) assess residents on admission. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

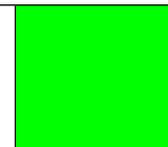
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

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

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed. 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.

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

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



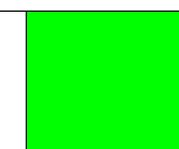
Subsections applicable to this service fully attained.

The implemented infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. Two trained infection prevention and control nurses lead the programme. The programme is reviewed annually. Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the

principles and practice around infection prevention and control. This is guided by relevant policies and supported through regular education.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required.

## Here taratahi | Restraint and seclusion

Includes 4 subsections standards 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 for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit and only one resident had used a restraint since the last onsite 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	0	0	0	0
Criteria	1	166	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Oceania has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Manu motuhake is respected. At the time of the audit there were no residents who identified as Māori.</p> <p>The facility has identified the ethnicity of its staff members. Those who identify as Māori reported that that their right to Māori self-determination is respected and they felt culturally safe.</p> <p>A business plan has been developed by the facility manager and includes objectives to build relationships with cultural advisers and local iwi. An analysis of the local iwi and hapu is included in the plan. Oceania support office has developed a group-wide plan to support each facility. This has been approved by its board and will be implemented over the coming months.</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>	Not Applicable	<p>Oceania support office has developed an organisation wide plan which will be implemented over the coming months. This includes ensuring the cultural safety for Pacific people who are residents at their facilities, the provision of equity in the delivery of health and disability services, designing plans in partnership with Pacific</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>communities; and for better planning, support, interventions, research and evaluation of the health of Pacific people, to improve outcomes.</p> <p>The plan also includes provision for the recruitment, training and retention of a Pacific workforce, with Pacific people in leadership and training roles.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>All staff have received training on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and in ongoing annual training, as was verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code in English and Māori languages and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters are prominently displayed on notice boards around the facility. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. The Code pamphlets are provided to residents as part of the admission information provided to residents. The admission agreement has information on the residents' rights and responsibilities. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by involving residents, family/ whānau or their representative of choice in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p>	<p>FA</p>	<p>Information about individual values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status and other social identities or characteristics is sought from residents and their family/whānau on admission. These were noted in the residents' care plans sampled. Residents and family/whānau confirmed they were consulted on individual values and beliefs and</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>staff respected these.</p> <p>The services provided demonstrated respect for residents' dignity, privacy, confidentiality, and preferred level of independence. Staff were observed respecting residents' personal areas and privacy by knocking on the doors and announcing themselves before entry. Personal cares were provided behind closed doors. Visitors' toilets had clear signage when in use.</p> <p>Residents are supported to maintain as much independence as possible, for example make their own bed and complete their personal cares if able and can freely attend to activities of choice in the community. Residents and family/whānau confirmed that services are provided in a manner that has regard for their dignity, privacy, sexuality, spirituality, independence, and choices.</p> <p>Te reo Māori and tikanga is actively promoted and incorporated in all activities. For example, staff are encouraged to learn commonly used Māori language words during the cultural safety training using quiz questions. Staff have received training on Te Tiriti o Waitangi and the principles of the Treaty are incorporated into daily practice. There are documented procedures to ensure recognition of Māori values and beliefs. The Māori Health Plan is current and focusses on wellness or holistic health embodied in the Māori health model Te Whare Tapa Wha. Guidance on tikanga best practice is available. The clinical manager (CM) stated that additional advice can be accessed through the DHB if required.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services</p>	<p>FA</p>	<p>Professional boundaries, misconduct, code of conduct, discrimination, abuse and neglect information is included in the staff employment handbook. These are discussed with all staff during their orientation. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of exploitation.</p>

<p>are safe and protected from abuse.</p>		<p>Residents' property is labelled on admission. The CM stated that any observed or reported racism, abuse or exploitation is addressed promptly. Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents are given an opportunity to discuss any concerns they may have to make informed decisions either during admission or whenever required. This was observed on the days of the audit and confirmed in interviews with residents. Communications and referrals with allied health care providers was recorded in residents' electronic records. Residents and family/whānau stated they were kept well informed about any changes to their/their relative's status and were advised in a timely manner about any incidents or accidents and medical reviews. This was supported in residents' records. Staff understood the principles of effective and open communication, which is described in policies and procedures that meet the requirements of the Code.</p> <p>Information provided to residents and family/whānau is mainly in the English language. However, the clinical manager (CM) stated that information can be accessed in other languages if required. Interpreter services are engaged through the local DHB if required. Written information and verbal discussions are provided to improve communication with residents and their family/whānau. Open communication with resident and family/whānau is promoted through the open-door policy maintained by the CM and the business care manager (BCM). The CM visits residents in their individual care suites weekly and residents have an opportunity to air out their concerns. Residents and family/whānau confirmed that open communication is practised, the managers and the clinical team are approachable and responsive to requests. A record of phone or email contact with family/whānau was maintained.</p> <p>There is a diverse range of staff who speak a variety of languages,</p>

		and who can be utilised where appropriate. Family/whānau may assist with interpretation where appropriate. Verbal, non-verbal, printed material or written communication methods are adopted to make communication and information easy for residents to access, understand, use, enact or follow.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Staff understood the principles and practice of informed consent. General consent is obtained as part of the admission documents which the resident and/or their nominated legal representative sign on admission. Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Consent for residents who were unable to consent were signed by the residents' legal representatives. Resuscitation treatment plan is part of the advance directives and were signed by residents who are competent and able to consent and by the nurse practitioner (NP) for residents who were unable to provide consent. The CM reported that the NP discusses the resuscitation treatment plan with the resident, where applicable, or with the resident's family/whānau as verified in interviews with family/whānau and residents. Staff were observed to gain consent for daily cares.</p> <p>Residents confirmed that they are provided with information and are involved in making decisions about their care. Where required, a nominated support person is involved for example, family/whānau, with the resident's consent. The married couple who share a suite have consented to this as evidenced in the occupational rights agreement signed. The CM reported that residents are offered a support person through the advocacy services when required. During the admission process residents provide information on their representative of choice, next of kin or enduring power of attorney (EPOA). These were documented in the admission records sampled. Communication records verified inclusion of support people where applicable.</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</p>	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents, whānau and families

<p>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>understood their right to make a complaint and knew how to do so.</p> <p>Eight complaints have been received since the previous onsite audit and one of these was in 2022. All complaints have been closed and timeframes of the Code were met. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been no complaints received from external sources since the previous audit, including to the Health and Disability Commissioner.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti</li> <li>• defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation</li> <li>• appointing an experienced and suitably qualified person to manage the service</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals</li> <li>• demonstrating leadership and commitment to quality and risk management</li> <li>• being focused on improving outcomes for Māori and people with disabilities</li> </ul> <p>The newly developed Māori Health plan developed by Oceania support office had been approved by the Board of Directors at the time of the audit and was being reviewed by the Clinical</p>

		<p>Governance group in the same week. Following this meeting, implementation across Oceania group facilities will commence. This was confirmed through interview with a representative from Oceania's national quality and clinical governance team. A sample of reports to Oceania support office, showed adequate information to monitor performance is reported.</p> <p>The business and care manager (BCM) is an experienced registered nurse (RN). They have run private hospitals overseas and worked for Oceania since 2008 and at The Bayview since 2017. The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field through completion of in-service and external training, reading and attendance at relevant sector events. A clinical manager (CM) supports the RN team and the BCM. This person is new to the CM role, although they are an experienced RN who has worked in aged care for the past three years. Through interviews during the audit the new CM is well supported by the RN team and the BCM.</p> <p>The service holds contracts with Bay of Plenty DHB (BOPDHB) for hospital-medical and rest home level care. All beds are dual use. On the beginning of first day of the audit 78 residents were receiving services (26 hospital level and 52 rest home). There are 81 rooms/care suites at The Bayview with 20 being double care suites. Ten double care suites can be occupied by couples at any one time. This allows for full occupancy of up to 91 residents. The entry agreement (occupational right agreement) includes consent for a couple who choose a double room. On the day of the audit one double care suite was occupied by a couple. Other double care suites were occupied by individuals at their choice. At the time of the audit none of the residents in The Bayview identified as either Māori or Pasifika.</p> <p>Oceania group has a comprehensive clinical governance group and structure which is supported by its governing body and which provides support to each facility, including The Bayview. Regular reporting to the clinical governance group was reviewed onsite</p>
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		during the audit and confirmed through interviews.
<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 support workers.</p>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident/whānau/family satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections, falls, medication errors, wounds, use of restraints, weight loss, food safety issues and others. Residents, whānau/family and staff contribute to quality improvement regularly through monthly meetings. Minutes of these are maintained and were reviewed.</p> <p>A comprehensive internal audit calendar is in place and followed. A sample of audits from the past 12 months were sampled and demonstrated an effective system. Relevant corrective actions are developed and implemented to address any shortfalls identified through these audits. Progress against quality outcomes is evaluated and reported to Oceania support office and the clinical governance group, as necessary.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The Bayview has a staff member who is responsible for Health &amp; Safety one day a week (and is a chef the rest of the week). They were interviewed and their analysis of incidents, accidents and near miss events reviewed, along with Health &amp; Safety committee minutes. They reported that the BCM supports their role and enables them to ensure that health and safety is a priority in the</p>

		<p>facility.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The BCM understood and has complied with essential notification reporting requirements when necessary. However, since the last onsite audit there have been no section 31 notifications required to be made.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau/family interviewed supported this. At least one staff member on every duty shift has a current first aid certificate.</p> <p>Rosters are prepared for each of the four wings and allocated RNs and health care assistants (HCAs). Some RNs work 12-hour shifts and some 8-hour shifts, however this is consistent within each of the four wings. There is 24/7 RN coverage available at all times in the facility.</p> <p>House-keeping staff support the care staff, seven days a week, with designated laundry and cleaning team members. Additional roles/staff members work in food services, assisting with mealtimes. For most residents this involves visiting one of the two dining rooms but meals can be taken in peoples' rooms if they choose this. Staff members, residents and whanau/family confirmed that there is adequate staffing.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements and competencies. Position</p>

		<p>related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Records reviewed demonstrated completion of the required training and competency assessments. These are monitored by the BCM and the CM.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, 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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Personnel files sampled included position descriptions for the staff member's role, their practicing certificate and/or professional registration, record of training and assessments of competency and overall performance. Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and is used in line with health information standards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on site and are clearly labelled for ease of retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system. Records were legible with the name and designation of the person making the entry identifiable. InterRAI assessment information is</p>

		<p>entered into the Momentum electronic database and reports uploaded into individual residents' electronic files. Staff have individual passwords to access the electronic systems. The information is accessible for all staff who use it with differing levels of security depending on who is accessing it.</p> <p>The service provider is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies, verbally on enquiry, or from written information on the organisation's website. The guest services manager (GSM) stated that at times enquiries are made over the phone and information about the services provided can be explained and discussed with the enquirer as required. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process.</p> <p>The business care manager (BCM) and the GSM are responsible for liaising and facilitating all requests for admission to the service. The admission criteria are documented to guide staff on entry processes. 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>The CM reported that the rights and identity of the residents are protected by ensuring residents' information is kept confidential. Family/whānau were updated where there was delay to entry to service. This was verified in enquiry records sampled.</p> <p>The CM reported that if a referral is received and the prospective resident does not meet the entry criteria or there is no vacancy, entry to services is declined. The resident and family/whānau are informed of the reason for the decline and of other options or alternative services if required. The decline to entry was documented on the enquiry records sampled. The service</p>

		<p>maintains a record of the enquiries and the declined entry. However, routine analysis to show entry and decline rates that include specific data for entry and decline rates for Māori is still to be implemented. The culturally competent services policy states that Oceania staff will develop and maintain relationships with local iwi/hapu.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The initial nursing assessments and interim care plans sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Detailed strategies to maintain and promote the residents' independence, wellbeing, and 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. Any family goals and</p>

		<p>aspirations identified were addressed in the care plan.</p> <p>There were no residents who identify as Māori. However, there are cultural guidelines used to complete Māori health and wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives permeate the assessment process when required. The assessment process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in their care plan. The Māori and Pacific people's policy states that Te Whare Tapa Wha model of care will be used for residents who identify as Māori. The staff confirmed they understood the process to support residents and whanau.</p> <p>The service has contracted a nurse practitioner (NP) who looks after all residents' medical needs. The NP has back up from a general practitioner in the local medical centre. Medical assessments were completed by the NP within two to five working days of an admission. Routine medical reviews were completed monthly for hospital level residents and three monthly for rest home level residents and more frequently as determined the resident's condition where required. Medical records were evidenced in sampled records.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Notations were clearly written, informative and relevant. Any changes in residents' health were escalated to the nurse practitioner (NP). Records of referrals made to the NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. In interview, the NP confirmed they were contacted in a timely manner when required, that medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was evaluated on each shift in care plan intervention notes and reported in the progress notes by the healthcare assistants. Any changes noted were reported to the RN, as confirmed in the records sampled. The care plans were</p>
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		<p>reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for any events, identified acute resident care needs, or as a result of a care measurement trigger. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>There is a contracted physiotherapist who visits the service four times per week and works closely with the activities team. The physiotherapist assesses new residents' mobility, completes mobility plans and runs strength and balance classes for residents. There are contracted hairdressers who visit the service three times per week and residents are attended to as per booked appointments.</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 level of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services</p>	FA	<p>The diversional therapist (DT) oversees the activities programme. The DT is assisted by four activities assistants and one volunteer. Three activities assistants are in the process of completing diversional therapy training. Residents' activity needs, interests, abilities, and social requirements are assessed within the first two weeks of admission by the DT and the activities assistants with input from residents and family/whānau. The activities programme is regularly reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is</p>

<p>to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant change in the resident's ability. This was evident in the records sampled.</p> <p>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. Individual, group activities and regular events are offered. The activities on the programme include exercises, van trips, café outings, fellowship groups, church service, 'happy hour', external entertainment, walks, news discussions, and birthday celebrations. Monthly themes and international days are celebrated. Cultural events celebrated include Waitangi Day celebrations and Chinese New Year. Daily activities attendance records were maintained. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and family/whānau 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.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines.</p> <p>The service uses an electronic medication management system and a paper-based system. The paper-based system is used for one resident who has their own doctor, and the doctor does not have access to the electronic system. RNs staff were 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 are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the NP or doctor. The prescribing practices included the prescriber's name and date recorded on the</p>

		<p>commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Over the counter medication and supplements were documented on the medicine charts where required. 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 are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely, and medication reconciliation is conducted by RNs when regular medicine packs are received from the pharmacy and when a resident is transferred back to the service. This was verified in medication records sampled. All medicines in the medication rooms and trolleys were within current use by dates. Clinical pharmacist input was provided six monthly and on request. Unwanted medicines are 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.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau, are supported to understand their medications when required. This was observed on the days of the audit where a resident required an explanation about their medicine, and this was provided by the RN. The CM reported that when requested by Māori, appropriate support and advice is provided in consultation with the NP.</p> <p>There was one resident who was self-administering medications at the time of 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. Weekly medication audits were completed with corrective action plans implemented,</p>
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		as required.
<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>	FA	<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. A dietary preference form is completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual dietary preference forms were available in the kitchen folder.</p> <p>The food is prepared on site by six chefs and is in line with recognised nutritional guidelines for older people. Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 6 October 2021. There are two dining areas. Food is transported to the other dining room in scan boxes.</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 ministry of primary industries. The current food control plan will expire on 28 March 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the day of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Residents’ weight is monitored monthly by the clinical staff and there was evidence that any concerns in weight identified were managed appropriately. Additional supplements were provided where required. The head chef identifies as Māori and they reported that menu options for residents who identify as Māori will be offered when required. Whānau/family are welcome to bring culturally specific food for their relatives. Residents are offered two meal options for each meal and are provided with a choice for an</p>

		<p>alternative if they do not want what is on the menu.</p> <p>Residents who are more independent can prepare a cup of tea, coffee or milo independently in the kitchenette if desired. Mealtimes were observed during the audit. Residents received the support they needed 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. Confirmation of residents' satisfaction with meals was verified by residents, satisfaction survey results, and resident meeting minutes. During 2021, the guest services manager worked with residents to improve the dining environment and meal services.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>There is a transfer, exit or discharge policy to guide staff on transfer, exit and discharge processes. Transfers and discharges are managed by the RNs and CM in consultation with the resident, their family/whānau and the NP or the doctor. The service uses the services own system to facilitate transfer of residents to and from acute care services. The service coordinates with the receiving service over the phone to provide verbal handover for safe and timely transfer or discharge process. The CM reported that 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. Transfer documentation in the sampled records evidenced that appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care. The reason for transfer was documented on the transfer letter and progress notes in the sampled files.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current needs of the resident. The discharge plans sampled confirmed that where required, a referral to other allied health providers to ensure safety of the resident was completed. Upon discharge, any resident's paper-based information is collated, and archived in a secure area and the resident is discharged from the electronic information</p>

		<p>management system.</p> <p>Residents are supported to access or seek referral to other health and/or disability service providers and social support. The CM reported that referral or support to access kaupapa Māori agencies where indicated or requested will be offered. Referrals to seek specialist input for non-urgent services are completed by the NP, doctor or RNs. Examples of referrals completed were in residents' files sampled, including to the mental health team, eye specialists and wound nurse specialist. The resident and the family were kept informed of the referral process, reason for 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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of bathroom and toilet facilities throughout the facility. This is achieved through every care suite having its own accessible bathroom and additional toilets available for visitors and staff members.</p> <p>Residents and whānau/family were happy with the environment, including heating and ventilation, privacy and maintenance. The current new building was constructed in 2017 and there is no current plan for further construction of the aged care facility. Residents and whānau/family are consulted and involved in planning of changes to the communal areas (the raised garden areas off the ground floor dining area for example) which these initiatives occur.</p>
Subsection 4.2: Security of people and workforce	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be</p>

<p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>followed. Staff have been trained and knew what to do in an emergency. The fire evacuation scheme for the current building was approved by the New Zealand Fire Service on 18 May 2018 and the building warrant of fitness expires on 15th December 2022. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau/family reported that staff respond promptly to call bells. Appropriate security arrangements are in place.</p> <p>Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. As noted in Standard 2.4, personnel files and other records demonstrated regular training. Staff members interviewed reported that training provided them with the knowledge to meet the needs of residents and when to seek additional advice.</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</p>	FA	<p>The infection control programme includes an infection control team onsite, which has defined terms of reference. The infection control committee is led by the general manager, nursing and clinical strategy at the support office working in conjunction with the regional clinical and quality manager team. There are two infection control nurses who are responsible for overseeing and</p>

<p>infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>coordinating implementation of the infection prevention (IP) programme and they are supported by the CM. The infection control nurses' role, responsibilities and reporting requirements are defined in the infection control responsibilities document and infection prevention and control policy. The infection control nurses have completed education on infection prevention and control in November 2021. They have access to shared clinical records and diagnostic results of residents.</p> <p>The service has a clearly defined and documented IP programme implemented that was developed with input from external IP services. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme is reviewed annually, it was last reviewed in April 2022.</p> <p>The IP policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IP policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IP resources including personal protective equipment (PPE). The IP resources were readily accessible to support the pandemic response plan if required.</p> <p>The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IP at orientation and through ongoing annual education sessions. The CM and the infection control nurses provide education. Content of the training is documented and evaluated to ensure it is relevant, current, and understood. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the event notes</p>
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		<p>sampled.</p> <p>The infection control nurses liaise with the CM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and the DHB. The general manager is involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated, sterilised or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination, sterilisation and disinfection policy to guide staff. Regular infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The Māori health policy is linked to the MoH website on Māori health with culturally safe practices in IP and control. The CM reported that residents who identify as Māori will be consulted on IP requirements as needed. In interviews, staff understood these requirements. The CM stated that educational resources in te reo Māori will be provided when required.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally</p>	<p>FA</p>	<p>The implemented Antimicrobial Stewardship (AMS) programme is appropriate for the size, scope and complexity of the service and has been approved by the governance body. The Antimicrobial Stewardship policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm (including drug resistance and toxicity). Responsible use of antimicrobials is promoted.</p>

<p>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>The effectiveness of the AMS programme is evaluated by monitoring the quantity of antimicrobial prescribing, administration, and occurrence of adverse effects. Monthly statistics were collated and recorded on monthly analysis of antibiotics used.</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>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 analysed to identify any significant trends or common possible causative factors and action plans are implemented. The HAIs being monitored include infections of the urinary tract, oral/dental, skin, eyes, respiratory and wounds. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Surveillance records include ethnicity data.</p> <p>Regular infection prevention audits were completed including cleaning, laundry, and hand hygiene and kitchen compliance. Relevant corrective actions were implemented where required.</p> <p>Staff reported that they are informed of infection rates and regular audits outcomes at monthly meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The CM monitors the infection events recorded weekly and the BCM receives a notification for high-risk infections recorded in the electronic system. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required. This was confirmed in event notes sampled and verified in interviews with residents and family/whānau. There was an infection outbreak reported since the previous audit that was managed effectively with appropriate notification completed.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>There are regular internal audits of the cleaning and laundry services, in addition to the monthly reporting and monitoring of infection rates and antibiotic use. Clinical governance oversight was evidence in reports, meeting minutes and confirmed through a range of staff interviews.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim of the service. The governance group demonstrated commitment to this. At the time of audit there were no restraints used. When restraint is used, this is as a last resort when all alternatives have been explored. The last time a restraint had been used, it was at the request of the resident's family.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</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>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring and evaluation was documented and included all requirements of the Standard. The file for the resident whose family had requested restraint was reviewed. This confirmed their family's involvement. Access to advocacy is facilitated as necessary.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register, when in use, contains enough information to provide an auditable record. Records reviewed confirmed that reports are sent monthly to Oceania's clinical governance group on the use of restraint, even when this is a nil return.</p>
<p>Subsection 6.3: Quality review of restraint</p> <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>FA</p>	<p>The facility's restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The restraint committee meets even when there are no restraints in use. The outcome of the review is reported to the governance body. The most recent review was in November 2021 and next meeting was due after the onsite audit. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>As noted, since the last onsite audit, restraint has only been used for one resident, at the request of family, and there was no restraint in use at the time of the audit.</p>

## Specific results for criterion where corrective actions are required

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

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

No data to display
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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, a 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 of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.5.1</p> <p>Menu development that considers food preferences, dietary needs, intolerances, allergies, and cultural preferences shall be undertaken in consultation with people receiving services.</p>	CI	<p>In mid-2021 during the monthly residents’ meetings, concerns and issues with the dining service were identified. These ranged from size of meals, portions sometimes too big or too small, variety available on some days and ability to choose an alternative.</p> <p>Corrective action plans for addressing these concerns were developed by the BCM and Guest Services Manager (GSM) who shares responsibility for the food services team and service with the kitchen manager.</p> <p>Over six months in 2021 and early 2022 the corrective action plans were progressively implemented, and the success of each one reviewed with residents through their monthly meetings. Anecdotal feedback was also gathered during mealtimes and recorded by the GSM for</p>	<p>Several Oceania Continuous Quality Improvement initiative forms were reviewed during interview with the GSM which record evaluation of each individual action plan as it was implemented. During the days of the audit the overall dining changes were observed. Residents were enjoying a pleasurable experience in the dining room itself as well as variety in the meals and meal sizes and variations to the menu throughout the year.</p> <p>Through this process a range of changes to the dining service were implemented which have resulted in a significant overall improvement which residents are now enjoying.</p>

		discussion with the food services team. Through this process the following changes were implemented: offering two meal sizes (large and small); offering two meal options at each meal, with the ability for an individual to also request an item of their choice if neither of the two options appeals; contemporary placemats on the tables rather than tablecloths; servers bringing food to people at their tables and low-level background music.	
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End of the report.