

Oceania Care Company Limited - Meadowbank Village - Care Centre

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: Meadowbank Village - Care Centre

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

Dates of audit: Start date: 26 July 2022 End date: 27 July 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: 59

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Meadowbank Village - Care Centre (Meadowbank) is operated by Oceania Healthcare and provides rest home and hospital services within care suites for up to 65 residents. Changes in the business and care manager and the clinical manager had occurred only three months prior to the audit. Because of lockdowns associated with the Covid-19 pandemic and deferred dates for this audit as a result of Covid-19 infections, Meadowbank has not been audited since a partial provisional audit undertaken March 2019.

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, a contracted allied health provider and a nurse practitioner.

Improvements are required to the complaints management process, human resources recording processes, new staff orientations, controlled drug audits and the laundry room.

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.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

Oceania works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Systems are in place for Pacific peoples who enter the facility to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, dignity and privacy are respected and maintained. Residents are supported to maintain independence. They are safe from abuse.

Residents and whānau receive information about the services in an easy to understand format prior to admission and on admission, they feel listened to and are included when making decisions about care and treatment. Interpreter services are provided as needed with open communication being practised. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are recorded and followed wherever possible.

Residents and whānau are informed about how to make a complaint and records of complaint management are maintained.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

The governing body assumes accountability for delivering a high-quality service. This includes supporting Māori consultation at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

Quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations. These systems are being implemented at the Meadowbank facility level and feeding into the national monitoring systems for quality and risk for all Oceania Healthcare facilities around the country. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements.

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

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Document control systems ensure organisational information is current and easily accessible to those who require it.

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.

Some subsections applicable to this service partially attained and of low risk.

When people enter the service a person-centred and whānau-centred, multidisciplinary approach is adopted. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age, capabilities, likes and stage of life.

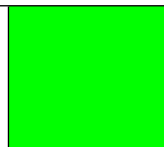
Medicines are safely managed and administered by staff who are competent to do so.

The registered food service plan is in place and monitored. Food is safely managed and considers the individual's allergies, likes and dislikes and cultural needs of residents.

Residents are referred to external services where required. Processes for transfer to other health services or on discharge are in place.

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.



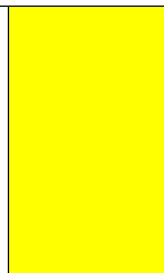
Subsections applicable to this service fully attained.

The facility was designed to meet the needs of older people, was clean and is well maintained. There are spaces for relaxation and private conversations. A current building warrant of fitness was on public display. Electrical and biomedical 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. Emergency supplies and equipment are available for use in the event of a disaster. Call bell response timeframes are reviewed. Security systems that are applicable to this facility are 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.



Some subsections applicable to this service partially attained and of low risk.

Oceania has a national infection control committee with oversight of the infection prevention and antimicrobial stewardship processes, to ensure the safety of residents and staff through a planned infection prevention (IP) programme. There is an infection

control programme that is appropriate to the size and complexity of the service. Meadowbank Care Centre has an infection control committee lead by the clinical manager, who has undertaken training in infection prevention and control.


The clinical manager/infection control coordinator is involved in procurement processes and isolation practices.

Staff were aware of good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases responses at the different Ministry levels and enacted these successfully through recent Covid-19 outbreaks.

Aged care specific infection surveillance is undertaken with follow-up action as required.

The environment supports prevention and transmission of infections. Waste, hazardous substances and laundry services are being managed.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
--	---	--

Oceania Healthcare and the managers and staff at the Meadowbank care centre are committed to providing a restraint free environment. There are policies and procedures to guide restraint minimisation and behaviour management approaches. There were no residents using a restraint at the time of the audit. 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	23	0	3	1	0	0
Criteria	0	144	0	4	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A policy on Māori and Pacific Peoples Health is available and describes how the organisation responds to the cultural needs of residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. For example, this policy addresses Tino Rangatiratanga, equity, options, partnership and Te Whare Tapa Wha Māori model of health.</p> <p>A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific Peoples Health as per the requirements of the Nga Paerewa standard.</p> <p>Corporate managers described their link with Māori cultural advisors, provided details of the group they are working with and the level of advice and assistance provided thus far to Oceania Healthcare. A reviewed and updated Oceania Healthcare Māori Health Plan dated 2022 – 2025 has since been developed. Previous policies remain available as this plan still requires final sign off. Although approved by</p>

		<p>the governance board it is currently with the company lawyers prior to final sign off and distribution to the various facilities, including Meadowbank. Māori staff in the wider organisation were consulted in the development of this plan. The plan describes how te reo and tikanga will be incorporated into staff education days and how the organisation demonstrates its respect for mana motuhake.</p> <p>There are several staff at the Meadowbank Village care centre who identify as Māori but there are not currently any residents who identify as Māori. Residents from other cultures informed they feel culturally safe. Managers expressed confidence that the requirements of this standard are currently being met at the basic level, especially with no current Māori residents, but that further improvement will progressively occur using the constructs that have been, and are being, put into place.</p> <p>The business and care manager provided evidence of a request for assistance from the local Orakei marae to ensure there is an established local contact for ongoing support and advice for any residents who identify as Māori who choose to live at Meadowbank, or for support for Māori staff.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>As in subsection one above, the service provider has a policy on Māori and Pacific Peoples' Health. This describes how the organisation responds to the cultural needs of residents and is for use in the interim until the organisation begins its work alongside the Pacific community and formally develops a Pacific plan. The document notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs.</p> <p>Several staff are Pasifika, and the business and care manager confirmed these people have agreed to ensure the cultural safety of any Pacific resident who may enter the service prior to more formal systems being established.</p> <p>Corporate managers and the business and care manager described plans to work in partnership with Pasifika communities, to develop a Pacific plan and to improve the planning, support, interventions,</p>

		research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff receive training related to the Code of Health and Disability Services Consumers' Rights (the Code). Those interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. The clinical manager and registered nurse (RN) spoke of discussing the Code with new residents and whānau as part of the admission process. The new resident pack has a copy of the Code included and posters were sighted in the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Oceania's newly developed Māori Health plan describes how te reo and tikanga will be incorporated into staff education and how the organisation demonstrates its respect for mana motuhake. This policy has still to be distributed and integrated into the facilities.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Oceania has policies and procedures to guide staff with respect to dignity, respect, sexuality, privacy and individual needs. The service identifies and supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Residents' records showed individuality, including culture and religious needs being recognised. There were no residents who identified as Māori. The clinical manager spoke of how they would respond to tangata whaikaha needs and enable the resident to participate in te ao Māori, to the degree they wished.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room, with one couple having two rooms, one</p>

		<p>used as a bedroom and the other a lounge area.</p> <p>The promotion of te reo Māori and tikanga Māori throughout the service is being worked on by Oceania.</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 are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policies on abuse, neglect, coercion, harassment and financial exploitation. The policies include examples of abuse and neglect and what to do should there be any signs.</p> <p>Residents reported that their property is respected. Professional boundaries are maintained.</p> <p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered and had not encountered racial issues.</p> <p>Oceania Healthcare Māori Health Plan dated 2022 – 2025, describes how te reo and tikanga will be incorporated into staff education days and how the organisation demonstrates its respect for mana motuhake. This plan has yet to be implemented.</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>	FA	<p>Residents and whānau reported that communication was open and effective, and on the whole, they felt listened too. Information was provided in an easy to understand format. The clinical manager spoke of seeking braille, large print for residents with a visual disability, if required.</p> <p>Changes to residents' health status were communicated to whānau in a timely manner as confirmed in residents' files and by whānau interviewed. The nurse practitioner and physiotherapist provided evidence of appropriate and timely communication with them and other external health professionals involved in residents' care. Examples were sighted of communication with gerontology and dermatology services.</p> <p>Policies cover access to interpreter services. The clinical manager stated the need would be identified through the initial referral and they would access these, if required, through the local public hospital. One</p>

		resident where English was their second language had a companion, paid for by the family, who provided interpreter services.
<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>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making.</p> <p>Oceania informed consent policy guides staff in informed consent, enduring power of attorney and allowing individual choice. Nursing and health care assistants (HCAs) interviewed understood the principles and practice of informed consent, both verbal and written. Written consent was sighted as part of the admission agreement, included for the taking of photographs, outings and the administration of vaccines. Staff were observed gaining verbal consent for cares.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent were documented, and sighted in the residents' records.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	PA Low	<p>Policies and procedures describe residents' right to make a complaint and a complaint management process that is consistent with the requirements of the Code. Staff and managers informed that residents and whānau are told how they can make a complaint or raise a concern. Complaint forms are at the front reception of the facility and at each of the two nursing stations. Residents and whānau understood their right to make a complaint and knew how to do so. There have been no known complaints received from external sources since the previous audit.</p> <p>The business and care manager informed that the local iwi advisor (who the Meadowbank team are anticipating they will have on board very soon) would be approached to ensure any complaint from a Māori resident is addressed in a culturally safe manner, or if necessary, the Oceania Healthcare Māori cultural advisory team would be approached for support.</p> <p>Examples of complaints addressed by the previous manager of</p>

		<p>Meadowbank confirmed investigation and follow-up had occurred and the complainant advised accordingly. However, during review of the complaint register and associated document there was evidence of missing correspondence of follow-up at various stages of the response process, not all complaints had been recorded in the register and to the corporate office. Follow-up for a complaint made in April 2022 had still not been closed out with the complainant.</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 high quality 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"> • Using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti is honoured. <p>Board members have had access to cultural training, te reo and opportunities to upskill in Te Tiriti via other community roles and employment.</p> <ul style="list-style-type: none"> • Defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation. Monthly governance group meetings led by the Group General Manager, Clinical and Care Services/Clinical Director who also provides a clinical and quality dashboard reports to the board • Appointing an experienced and suitably qualified person to manage the service. The business and care manager of Meadowbank has spent 18 years managing operating theatres both overseas and in New Zealand, five years managing other aged care facilities and has undertaken multiple management and service related education courses. This person confirmed knowledge of the sector, regulatory and reporting requirements from their previous experience. They are maintaining currency within the field and are well supported by a regional operations manager from the Oceania Healthcare corporate office. • Identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned

		<p>intervals. These were evidenced in strategic and business plans and related documents, including a clinical excellence strategy 2021, and in reports and meeting minutes reviewed.</p> <ul style="list-style-type: none"> • Demonstrating leadership and commitment to quality and risk management. Reports on organisational quality improvement projects such as for reducing falls and infection rates • Being focused on improving outcomes for Māori and people with disabilities <p>Feedback on key performance indicators, information on human resources and employment processes and a sample of reports that feed into information for the board, including a recent full clinical and quality report presented to the board of directors, were viewed. Adequate information to monitor performance is being reported.</p> <p>Oceania Healthcare's corporate office is working at planning and implementing systems that will enable them to know outcomes have been improved and/or equity achieved for Māori and/or tāngata whaikaha people with disabilities. The management team is aware of the demographic of the geographic area the Meadowbank facility sits within. As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery.</p> <p>Meadowbank holds contracts with the Auckland District Health Board to provide respite and residential rest home and hospital care services under the age-related residential care agreement (ARRC). Residents occupy their care suite under an occupational right agreement, although three people are receiving respite rest home care. Two rest home and one hospital resident are private paying. Twenty-four others receive hospital level care under the ARRC agreement, and 29 rest home care residents are under ARRC. With 59 of the 65 beds occupied there were six unoccupied at the time of audit.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>The organisation has a range of documents that contribute to quality and risk management and quality improvement processes. These include a clinical risk management policy, document control, clinical</p>

<p>are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>governance terms of reference, quality improvement policy, health and safety policy, critical incident accident sentinel event policy and the quality cycle. The planned quality and risk system reflects the principles of continuous quality improvement. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is already occurring; however, the corporate office is considering ways to improve this.</p> <p>A range of meetings contribute to the quality system. Many are at corporate / organisational level such as cluster meetings, clinical governance, clinical safety and restraint committee meetings. On site, meetings at Meadowbank include the monthly quality team (business and care manager, clinical manager, and representatives from the kitchen, maintenance, laundry, administration and activities). There is some crossover with monthly health and safety meetings and monthly clinical and infection prevention and control meetings. From June 2022, monthly staff meetings commenced. Residents' meetings are six monthly, although the provider was encouraged to increase their frequency.</p> <p>Complaints are reported through the quality and risk management through to the corporate office. As identified in 1.8, that system has been compromised and not all complaints have been reported as expected. Quarterly residents' surveys provide information from both Meadowbank and the national perspective for Oceania. Common themes are showing as concerns regarding food, frequency of visits with the nurse practitioner and aspects of laundry services. Internal audits are completed according to a schedule with corrective actions and outcomes fed back to the corporate office. Many of the audit results sighted had scores of 100%.</p> <p>Incidents are managed through the health and safety system in line with the National Adverse Event Reporting Policy. Incidents are being recorded, entered into the electronic system, investigated and followed up. There is also a focus on near miss events at Meadowbank and staff are encouraged to record these. Subsequent related data is analysed and fed through both local and national levels for identification and implementation of quality improvement</p>
--	---

		<p>opportunities. Incident management is also linked into the risk management processes. The business and care manager and the clinical manager were familiar with essential notification requirements. Documentation was sighted in relation to a coroner's investigation underway that commenced prior to the employment of either of these managers.</p> <p>Risk management is integrated within the wider quality management system. Risks are being identified, eliminated or mitigation strategies implemented at the Meadowbank facility and through all levels of the organisation. This was confirmed in a range of reports and meeting minutes that were both specific to Meadowbank plus through the corporate office and up to the governance board.</p> <p>Oceania Healthcare is developing systems and strategies that will enable individual facilities and the wider organisation to be able to identify the level at which they have delivered quality health care for Māori</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 and comments made in explanation for tasks not completed due to short staffing or by whānau could not be substantiated during a review of the last four weeks of roster and conversations with the clinical and business and care managers. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage in the hospital.</p> <p>Continuing education is planned according to a training matrix supplied by Oceania Healthcare. This includes mandatory training requirements. Records in staff files reviewed did not show all training the person had undertaken, nor all training attended (refer corrective action under 2.4.1). However, a training database demonstrated that the training requirements are in fact being met with only minor disruption to the schedule because of Covid-19 restrictions. Related</p>

		<p>competencies are being assessed and support safe and high-quality 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.</p> <p>Work is underway at the Oceania Healthcare corporate level to address the newer requirements of the standard relating to training and support for people and service providers to maximise people and whānau receiving services participation; the collection and sharing of high-quality Māori health information and the development of strategies that will enable the development of organisational and health care and support worker health equity expertise. Once the systems are established these will be shared with all Oceania Healthcare's facilities, including Meadowbank.</p> <p>The business and care manager and the clinical manager have open door policies. Staff reported feeling well supported and safe in the workplace, were aware they could access the employee assistance programme and said they can approach the clinical manager, or the business care manager as they choose.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Moderate</p>	<p>Oceania Healthcare's human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed could not demonstrate these are being upheld and this has been raised for corrective action. Similarly, staff and management reports and staff records could not confirm an induction and orientation programme had been completed and this was also raised for corrective action.</p> <p>Position descriptions are available for the various employment roles within Meadowbank and examples of these having been signed were evident.</p> <p>Staff performance is reviewed and discussed at regular intervals and although this was not necessarily evident in all clinical staff files, the clinical manager provided evidence in the EnableHR computer programme as to the status of these for clinical staff. Evidence of</p>

		<p>dates for interviews for the few outstanding was available.</p> <p>Staff records are held in a confidential and secure manner and the organisation has plans in place to record ethnicity data. Managers confirmed during interview that this will be used in line with health information standards.</p> <p>Staff have the opportunity for a debrief following incidents with internal support from the clinical manager, the business and care manager or the regional care manager. They may access the Employee Assistance Programme (EAP) and they may be offered time off depending on the circumstance.</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>A document control policy and procedure described information management processes for all documentation within Oceania Healthcare and details responsibilities of individual facilities such as Meadowbank. An information technology company is responsible for maintaining the electronic systems that underpin the information management. Appropriate security systems and varying levels of access ensure health information standards are upheld.</p> <p>Meadowbank is not responsible for National Health Index registration of people receiving services.</p> <p>The majority of the clinical records are electronic and staff spoken with were aware of security and privacy of information. Hard copy records, including old records, are held securely and sent for secure storage with an external company.</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</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, or if they are private paying residents, when the documented entry criteria are being met. Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed contained signed service agreements which met legal and contractual requirements.</p>

<p>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>The business care manager has a list of people who enquire about the service and directs them in the admission process. The clinical manager provided an entry criteria and processes are in place to discuss concerns with the regional manager before acceptance or decline. Where the prospective resident is declined entry, there are processes for communicating the decision. Presently the ethnicity is not collected from enquires, and there is no analysis occurring; this is work in progress.</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 multidisciplinary team (nursing, diversional therapy, physiotherapy and nurse practitioner (NP)), work in partnership with the resident and whānau to support wellbeing. A care plan is developed by the registered nurse (RN), or clinical manager, following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input. There is a timely initial nursing, nurse practitioner and activities assessment. An initial care plan is completed. A sample of files reviewed showed this being completed on the day of admission. The initial care plans did not have all areas completed, but the areas were not critical to care and were sighted in the long-term care plan. All assessments, plans of care and the review were completed within the timeframes to meet contractual requirements. Care plan included cultural needs, values, beliefs, dietary requirements and allergies. Documentation processes were verified by interviews with the nurse manager, RN, nurse practitioner and from observations. InterRAI assessments are being completed as required by the contract and were all current. Short term care planning is completed for new areas of concern, such as urinary tract infections and wounds.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Examples included skin tear management with a wound management plan, and pictures in the notes of progress of the skin tear. Where progress is different to that</p>

		<p>expected, changes are made to the care plan in collaboration with the resident and whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability. There were no residents who identified as Māori or Pasifika, and staff were unsure of the needs of Māori related to pae ora outcomes.</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 to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a full time trained diversional therapist (DT), and two full time and one part time assistants rostered to cover a seven days a week programme of activities with residents. This supports residents to maintain and develop interests and linkages with the community, which are suitable for the residents' ages and stages of life.</p> <p>Individual residents' profiles and personal identities included cultural assessments, identification of interests, likes, and degree they wish to participate in individual and group activities. A sample of these showed completion and the specific needs being identified. The DT described strategies to ensure residents were not isolated in their rooms, such as a morning greeting round and activities calendar distribution. The activities programme had been developed with residents' input and included activities based on their ordinary pattern of life and timing of activities.</p> <p>There were no Māori residents. Opportunities for Māori and whānau to participate in te ao Māori were discussed with the DT, who gave examples of what has occurred. This included past contact with a local marae at Christmas for a kapa haka group to perform for the residents, celebration of Matariki, and te reo Māori language week. Staff are not currently involved in community activities for Māori and Oceania are considering how the workforce can become involved.</p> <p>Residents and whānau are involved in evaluating and improving the programme through care plan evaluation which includes up to three goals set with the resident and whānau. Those interviewed confirmed they find the programme meets their needs, and observation during the audit showed activities being well attended for large and small group activities.</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>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and included administration protocols for high risk medications. A safe system for medicine management, using an electronic system was observed on the day of audit and included allergies and alerts. All staff who administer medicines, RNs and senior HCAs are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy, with the exception of one resident whose medications come from a separate pharmacy as per the resident's and their GP's wishes. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, in temperature monitored rooms, and where required, a medication fridge, including controlled drugs. Medicines were being stored within the recommended temperature range. A system to monitor stock levels is in place. Controlled drug checks occur weekly, however the six-monthly requirement under the legislation were not occurring. This is an area for improvement.</p> <p>Prescribing practices meet requirements. The required three-monthly review, by the NP, was being consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Part of two medication rounds were observed and showed safe practice by two RNs. Self-administration of medication is supervised by staff to ensure safety. Residents, and their whānau, are supported to understand their medications. There were no residents who identify as Māori present at the time of audit, but staff discussed including whānau in decision making and the use of traditional Māori medicines if requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>Oceania has a registered dietitian who oversees the menus for their facilities and has undertaken audits of the kitchen and services. This ensures the food service is in line with recognised nutritional guidelines for older people. The current winter menu was reviewed by</p>

<p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>the dietitian earlier this year.</p> <p>All aspects of food management comply with current legislation and guidelines. The dietitian audit earlier this year had a number of recommendations all of which have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Where there is a need for dietitian input into a plan of care, for a particular resident, the dietitian from the local public hospital would be contracted. The personal food preferences, any special diets, likes and dislikes are accommodated. There were no residents who had modified texture requirements; however, the chef spoke of how they would manage this requirement. The chef was able to provide evidence of the various dietary requirements of residents being met. There are no foods on the menu culturally specific to te ao Māori; however, the chef stated that all residents are asked their preferences and the cultural requirements of Māori would be accommodated.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews and satisfaction surveys and resident meeting minutes. Residents can eat in two dining rooms or in their rooms. They were observed to be given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. One resident’s file provided evidence of comprehensive electronic documentation being downloaded and sent with the resident.</p> <p>Whānau reported being kept well informed during the transfer of their relative.</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness expiring 23 May 2023 is on display near the front entrance. 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. Two maintenance staff described their roles and responsibilities, including after-hours maintenance processes, the monthly planned maintenance schedule (including beds, wheelchairs, call bells and vehicles for example) and responding to unexpected repairs. All tasks are documented. A vehicle transportation policy covers maintenance, driver requirements and staff outings.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment is available for residents with disabilities to meet their needs. Biomedical equipment checks have been undertaken within the last 12 months (due December 2022), and hot water temperature checks are completed monthly. Each bedroom has an accessible wheelchair bathroom and toilet ensuite and other bathroom facilities are throughout the facility.</p> <p>There are 31 care suites measuring 21 square metres, and seven at 25 square metres. Twenty six, one-bedroom units are 33 square metres. As each care suite is occupied under an occupation right agreement, the care suite is fully renovated as per an individual assessment. A range of seating and lounge areas are available.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Heating is via a ceiling vented central heating system and individual heat pumps in each resident's room. Residents and whānau are consulted and involved in the design of any new buildings.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Ethnic artwork is on display throughout the facility. A dementia unit is under construction and a representative from the</p>

		<p>corporate office described how Dementia Auckland are involved and described the Māori liaison process already underway to ensure that the unit will reflect the aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Fire safety, disaster/emergency management and civil defence plans, policies and procedures are available. Emergency flip charts described the required staff responses. Staff were familiar with these and have been trained and knew what to do in the event of different types of emergencies. The fire evacuation plan was approved by the New Zealand Fire Service 23 June 2020. All staff participate in a six-monthly trial evacuation and records viewed showed the last one was 2 June 2022 and the previous 1 December 2021. A contracted fire safety company undertakes regular checks of fire safety equipment and alarm systems.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. In addition to a cupboard with emergency equipment and personal supplies for residents there are two 5000 litre tanks of fresh water in the basement, and an extra supply of frozen foods that are managed by the kitchen. The emergency supply cupboard was reorganised during the audit to ensure easy access to the supplies should an emergency occur.</p> <p>Registered nurses and a selected group of senior healthcare assistants undertake first aid training, including cardio-pulmonary resuscitation. Other healthcare assistants undertake an internally provided two-hour first aid training course every two years.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. An escalation process enables the registered nurse to be alerted if a response has not occurred within a specified timeframe. Maintenance staff undertake monthly checks of the functioning of each call bell and the call bell system company assists staff to run a response time report when required.</p> <p>Appropriate security arrangements are in place and residents</p>

		<p>informed they feel safe. There is fob access through all internal doors and adjoining apartment blocks. All windows have a security latch. External doors lock and unlock automatically at predetermined times. Surveillance cameras are in position for which signs alerting of their presence were erected during the audit. Should a security breach occur, the person on after-hours call-out is alerted first. There is 24-hour support for the on-call system.</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>Oceania governance of the infection prevention (IP) and antimicrobial stewardship (AMS) programme is provided by a national infection control committee (NICC) who report to the Board. The committee membership includes staff with infection control experience, and they have links with external bodies and experts for further guidance, such as the local public hospital infection control team. The terms of reference for the committee outlines the IP plan. At Meadowbank, the clinical manager is the infection control coordinator and a job description is available for this role. They are undertaking a revamp of their internal IP committee and feel supported by the national committee in taking up this role and are aware of how to raise significant issues and events to the governing body. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the strategic planning documents.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The clinical manager/infection prevention coordinator (IPC) is responsible for overseeing and implementing the IP programme within the facility. They have undertaken IPC training earlier this year and have the appropriate skills and knowledge for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery. The NICC would be involved in any design of new building or facility changes, and policies.</p> <p>The clinical manager IPC stated they do not reuse single use items and they have processes for the decontamination of reusable clinical items such as stethoscopes. This was observed and confirmed by RNs.</p>

		<p>There is a suite of infection prevention and control policies reflected the requirements of the standard based on current accepted good practice. Cultural advice is accessed where appropriate and Oceania is considering how to engage in partnership with Māori to ensure practices are culturally safe. There are no educational resources available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the recent Covid-19 outbreaks. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs, such as ‘tool box’ news letters related to the COVID 19 requirements. Signage related to COVID 19 and the use of masks and handwashing by visiting whānau was observed during the audit.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted within the Oceania services, with an anti-microbial stewardship policy to promote the prudent use of antibiotics. Oceania is part of the national working group on AMS being undertaken by the Health Quality and Safety Commission.</p> <p>The NP stated her prescribing of antibiotics is guided by the national formulary. The pharmacy provides a monthly report on the antibiotics prescribed that month. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is embedded in the electronic record with clinical incidents used to record and monitored infections. Presently there is no ethnicity data related to infections being recorded. The data being collected is available to the NICC, and managers including regional managers. This is trended</p>

<p>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>over time and is appropriate for long term care facilities and is in line with priorities defined in the infection control programme.</p> <p>The electronic care record has a section where the individual resident's infections are registered to allow for an overview of each resident's infections and allows for identification of trends for that person.</p> <p>Monthly surveillance data is available to managers and discussed at the IPC meetings and shared with staff. The NICC also review individual facility infection control data.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	<p>PA Low</p>	<p>The environment was seen as being safe, clean and hygienic, supporting the prevention of infection and transmission of antimicrobial resistant organisms, with the exception of the laundry area. Signage related to COVID-19 requirements, was sighted at the entrance to the facility and hand-gel was available the entrance and in the various areas of the facility.</p> <p>Staff follow documented policies and processes for the separation, management and storage of waste and infectious and hazardous substances. Material safety data sheets were available for chemicals in use and personnel protection equipment (PPE) were sighted in all areas visited. Waste is removed from the premises by an external contracted company.</p> <p>Laundry is separated into that which is sent to an external provider and what is managed in a laundry area. The external laundry service removes bags of dirty linen and returns the cleaned linen to a basement car park area, which is where village residents park their cars. This is an area for improvement.</p> <p>Cleaning processes are monitored for effectiveness by staff and the chemical provider.</p> <p>Staff involved in cleaning and laundry and have completed New Zealand Qualification Authority certification and chemical training.</p>

		<p>Chemicals were stored safely, with the exception of in the laundry.</p> <p>Residents and whānau reported no problems with laundry management, 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>Restraint minimisation and safe practice policy and procedures have been reviewed within the last 12 months to ensure consistency with the Nga Paerewa standard and have been approved by the governance board. This document notes Oceania Healthcare's commitment to reducing the use of all forms of restraint with zero restraint being the ultimate goal. There were no restraints in use at Meadowbank at the time of audit and none have been used since the last audit. The business and care manager, the clinical manager and staff interviewed all stated that everyone is dedicated for Meadowbank to remain a restraint-free facility.</p> <p>During interview, the designated restraint coordinator who is a senior registered nurse, confirmed their familiarity with the documented role description, a copy of which was in their staff file. They described their orientation to the role through Oceania and subsequent training. A restraint committee/approval group, consisting of the restraint coordinator, the business and care manager, the clinical manager and the nurse practitioner meets two monthly. According to meeting minutes reviewed, restraint management as a clinical issue, restraint training for staff and any challenging behaviours are topics for discussion.</p> <p>Organisation-wide quarterly restraint reports are provided in the clinical quality reports provided by the group general manager, clinical and care services/clinical director (corporate) to the governance board.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, management of challenging behaviours and de-escalation techniques. Related training is provided six-monthly, and attendance is monitored by the clinical manager, who also informed that the need to involve Māori in all</p>

		areas of health and wellbeing, including restraint use was discussed at the nurses' study day earlier this year.
--	--	--

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>During review of the complaint register and associated documentation there was evidence of missing correspondence for various stages of the follow-up processes to complaints. There was difficulty in matching correspondence with the various complaints as not all complaints had been recorded in the register and to the corporate office. The complaint register available did not include all of the required details and a complaint made in April 2022 had still not been closed out. Although these shortcomings mostly occurred prior to the current business and care manager, the outstanding complaint is still under investigation and the changes that are needed for complaint records have yet to occur.</p>	<p>Not all aspects of the complaints process are being implemented in accordance with the Code of Health and Disability Services Consumers' Rights and the service provider's policy and procedures and issues for improvement are not all being identified and raised for quality improvement purposes.</p>	<p>All complaints are addressed according to the Code of Health and Disability Services Consumers' Rights and to Oceania Healthcare policies and procedures. Any opportunities for improvement are identified and implemented.</p> <p>180 days</p>

<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Moderate</p>	<p>Meadowbank is required to implement policy and procedure documentation according to Oceania Healthcare's requirements. Oceania has human resource policies and procedures that meet legislative requirements and expectations for good practice. The current business and care manager has only been in the role for three months and was not yet familiar with all of these systems. The administrator responsible for the organisation of staff files has recently left Meadowbank and not yet been replaced.</p> <p>A full review of nine staff files, plus specific aspects of three others, was undertaken. These files were a mix of electronic and hard copy information, plus an additional folder with documents pertaining to a number of different staff. Most files were disorganised and difficult to find a way around, a number of records were in duplicates, some were misfiled and eight of those reviewed had key employment documentation missing from them. Hence, it was not possible to ascertain the level of implementation of the recruitment/human resource policies and procedures, or at what level good employment practice or legislative requirements are being upheld.</p>	<p>Human resource policies and procedures are available; however, it was not possible to ascertain the level of their implementation as the staff records are disorganised, in a mix of hard and soft copy and eight of nine sets reviewed were incomplete.</p>	<p>Documentation related to individual staff recruitment and employment processes demonstrate that the service provider is implementing policies and procedures that are consistent with good employment practice and related legislation.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction</p>	<p>PA Low</p>	<p>Orientation processes are described within Oceania Healthcare employment/human resource policies and procedures. Examples of checklists and orientation handbooks were viewed. It is noted that the orientation handbooks/checklists were due</p>	<p>New staff orientation programmes are overdue for review. Staff reported receiving a minimal orientation only. Staff files did not include documentation that confirmed they had undergone an</p>	<p>Personnel records of health care and support workers demonstrate each person has undertaken an orientation and induction programme that covered the essential</p>

<p>programme that covers the essential components of the service provided.</p>		<p>for review in December 2021 and the quality and compliance coordinator informed this is currently underway.</p> <p>Orientation records were not found in five of the nine staff files reviewed and two other records were only partially signed off. In addition, very few items in the orientation records for the business and care manager and for the clinical manager had been signed off as completed. The business and care manager described the minimal orientation received and staff informed during interview that the orientation process is rushed, staff are not always available to buddy a new staff person and they expressed concern about the requirements versus what actually happened. Staffing shortages and the additional demands the Covid-19 pandemic had imposed on staff were reported to be contributing factors.</p>	<p>orientation and induction programme that covered the essential components of the service.</p>	<p>components of the services provided.</p> <p>180 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Low</p>	<p>Controlled drugs are stored in a wall mounted drug safe in a locked cupboard in a locked room. The controlled drug register reviewed showed the appropriate recording of administration and weekly stocktaking by two persons. In April this year, a pharmacist had undertaken an actual stock on hand count which is recorded in the register. However, the requirements under the Misuse of Drugs Regulation 1977 section 43, for a six monthly (30 June and 31 December), record of the actual stock of controlled drugs and a quantity stock account covering the period since the previous stocktaking had not been</p>	<p>The controlled drug six monthly quantitative stock take was not being undertaken.</p>	<p>All controlled drugs have the six monthly quantity and actual stock on hand recorded as per the regulations.</p> <p>180 days</p>

		undertaken.		
<p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> <p>(d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy.</p>	PA Low	<p>The business care manager reported that there are plans to change the laundry service. Presently the majority of the laundry is undertaken by a contracted laundry service and this is to be increased. The laundry is bagged in the different areas and sent down a chute to the basement area, where it falls into a cage. The cage is low and open to falling laundry bags. There is no signage to alert staff to the hazard of falling full laundry bags. The returned clean laundry is in cages which it was reported stay in the main basement carpark until sorted and taken up to the various linen cupboards in closed in trolleys.</p> <p>Staff remove the laundry, to be washed onsite, to the laundry room. The laundry room has some challenges to ensure a good clear clean dirty flow and has some health and safety issues:</p> <p>With one door for entry and exit, careful management is required to ensure no cross contamination of clean and dirty laundry, which could not be verified during the audit.</p> <p>The designated dirty area, covering most of the entry to the laundry. This is where the sorting into the different washing cycles occurs. The process observed included the use of small laundry type baskets and containers on the ground. Posing a need for the laundry staff to continually bend up and down, to the washing and driers above the washing machines. It was also</p>	<p>The laundry process and room require some improvement from a health and safety perspective. Areas identified as clean and dirty areas had restricted flow, there was unsafe chemical storage, the storage of the returning clean laundry from the external laundry service needs improvement.</p>	<p>A sign be erected, in an area near the dirty laundry cage to alert staff to falling bags of dirty laundry coming down the chute.</p> <p>Appropriate containers for sorting of dirty linen into the various washing groups that are large enough to contain the amount of linen being sorted and is high enough to reduce staff bending be purchased.</p> <p>The floor of the laundry is made well to allow for effective infection control cleaning.</p> <p>Chemicals used in the laundry are stored safely.</p> <p>The flow of the laundry ensures there is sufficient space for the different purposes.</p> <p>Returned clean laundry is stored in a closed safe area which also allows for sorting prior to distribution around the facility.</p> <p>180 days</p>

		<p>observed that the dirty laundry was spilling onto the floor.</p> <p>The clean area was of a good size; however, it was congested with little room for movement around tables and shelving for residents clothing.</p> <p>The floor of the laundry is made up of concrete slabs and had a film to prevent water seepage, however the joins between the slabs are not closed and it was observed that these were full of dust and other material. There was also a large crack in the floor which does not allow for good infection control cleaning.</p> <p>The room has no external windows or extraction/ventilation system, the staff were observed leaving the door open for ventilation. There is also a pedestal fan available. The area was seen to be dusty, mostly from the lint from the driers.</p> <p>The chemicals used in the domestic washing machines was observed in the manufactures cardboard container and left open, and stored on a low shelf of the laundry. The container did not allow the chemical to be closed for safe storage.</p> <p>Laundry returned from the external contractor in cages is stored in the basement car park until sorted and dispersed around the facility.</p>		
--	--	--	--	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.