

# Oceania Care Company Limited - Takanini Lodge

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## Introduction

This report records the results of a Surveillance 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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Takanini Lodge
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 24 August 2022 End date: 25 August 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	89

# 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

Takanini Lodge provides hospital, rest home, dementia level care and care for young people with disabilities for up to 90 residents.

On the day of audit 89 beds were occupied. The single storied building is in the greater Auckland region.

The service is operated by Oceania Healthcare Limited which owns retirement villages and care facilities throughout New Zealand.

The business and care manager is responsible for management of the facility, supported by the clinical manager, with oversight from the regional clinical manager and national quality, compliance and audit manager.

This unannounced surveillance audit process included review of policies and procedures, residents' and staff files, observations and interviews with residents, family members, managers, staff, and a general practitioner.

Strengths of the service include the dedication of the staff, quality improvements, and the respect shown to the residents. Improvements are required to the management of medication.

## 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.

Takanini Lodge 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.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and family members are informed about the complaints process at the time of admission. A complaints register is maintained and demonstrates that complaints are resolved promptly and effectively.

Residents who identified as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

Residents and relatives interviewed confirmed that they are treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality and risk management systems are focused on improving service delivery and care. Residents, staff 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.

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 and 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.		Some subsections applicable to this service partially attained and of low risk
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Policies and procedures provide documented guidelines for access to the service. Residents are assessed before entry to the service to confirm their level of care. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. Activity plans are completed in consultation with whānau and residents noting their activities of interest. Twenty-four hour dementia activity care plans are in place. In interviews, residents and whānau expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications are reviewed by the general practitioner (GP) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary likes and dislikes of the residents. Nutritional requirements are met. Nutritional snacks are available for residents 24 hours a day, seven days a week.

Residents are referred or transferred to other health services as required.

## **Te aro ki te tangata me te taiao haumarū | 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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. The environment is inclusive of people's cultures. 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.
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The service ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical services manager coordinates the programme.

A pandemic plan is in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support this plan if it is activated.

Surveillance of health care associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. There was an infection outbreak of COVID-19 in February and March 2022 and this was well 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.

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at the time of audit. Staff interviewed 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	19	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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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.

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>	FA	<p>The Māori and Pacific Peoples' Health policy documents Takanini Lodge's committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. There are residents and staff who identify as Māori.</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</p>	Not Applicable	<p>There are residents and staff who identify as Pasifika. The Māori and Pacific Peoples' Health policy identifies the commitment to establish and maintain relationships with the Pacific Island community. It has links to the Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025.</p> <p>The national quality compliance and audit manager reported that Oceania has plans to design a Pacific plan in partnership with Pacific</p>

<p>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 underpinned by Pacific voices and Pacific models of care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Māori residents interviewed said that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring power of attorney (EPOA), whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy for residents who identify as Māori.</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>The organisation orientation checklist has a section where the staff member is required to read and understand the principles of Te Tiriti o Waitangi.</p> <p>Staff had completed training on the Te Tiriti o Waitangi to support the provision of culturally inclusive of care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are being updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p>	FA	<p>The clinical manager (CM) and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been</p>

<p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in whānau interviews conducted. A Māori health model is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori. 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 1.7: 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>Takanini Lodge ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and whānau in interviews conducted. The CM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora - Health New Zealand if required. Staff reported that they are encouraged to refer to the Māori Health Policy on tikanga best practice.</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</p>	FA	<p>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 of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>A review of the complaints register showed actions taken, through to</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>an agreed resolution, are documented and completed within the timeframes. Complainants had been informed of findings following investigation. The business and care manager reported that verbal complaints are documented if they are not a concern. Concerns are discussed and resolved.</p> <p>There have been no complaints received from external sources since the previous audit.</p> <p>The business and care manager is responsible for complaints management and follow up.</p> <p>The business and care manager reported that an advocate who identified as Māori would be available to support people if needed. Eight staff who identify as Māori speak te reo and would be available to support the resident and their family/whānau if needed.</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 national quality, compliance and audit manager and documentation evidenced that the governing body assumes accountability for delivering a high-quality service through identifying and working to address barriers to equitable service delivery and honouring Te Tiriti o Waitangi and the Treaty of Waitangi.</p> <p>The provider has engaged an external provider to consult with Māori to support the development of focusing on improving outcomes and achieving equity for Māori, tangata whaikaha people with disabilities, and the core competencies for the governance body.</p> <p>The service holds contracts with Te Whatu Ora Counties Manukau and Manatū Hauora. Eighteen residents were receiving rest home level care including 3 people under sixty five. Forty eight residents were receiving hospital level care including 2 people under sixty five, and twenty one residents were receiving dementia level care at the time of audit. The service holds a Long-Term Support-Chronic Health Care contract and a young person with disabilities contract.</p> <p>Fifty-seven beds are certified as dual-purpose beds for rest home or</p>

		<p>hospital level care. The facility provides respite and end-of-life care.</p> <p>The business and care manager who has been in the role since 2017 is supported by the clinical manager who has been in the role for 5 years.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and 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, satisfaction surveys, monitoring of outcomes, policies and procedures, clinical incidents including infections and health and safety. The business and care manager is responsible for quality.</p> <p>Residents, whānau and staffs contribution to quality improvement occurs through resident and staff meetings.</p> <p>The last resident survey was completed in April 2022. The business and care manager reported the results were above average.</p> <p>The last staff survey completed during May 2022 had a return rate of 33%. Quality improvements arising include the planned introduction of staff wellbeing initiatives and reviewing the onboarding and induction process.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey. Quality improvement initiatives include replacing the heaters in the resident's room and upgrading the call bells.</p> <p>Quality improvement, health and safety, staff, and registered nurses' meetings are held monthly. Clinical indicators for example, falls, and infection rates, are captured. Minutes are held electronically and were sighted. The regional clinical manager has access to the minutes and collates the information and reports to the Board.</p> <p>The national quality, compliance and audit manager reported that the antimicrobial stewardship section of the infection control policy had been approved. The infection prevention and control section is due to</p>

		<p>be approved during September. All other policies and procedures are current. Policies sighted covered all necessary aspects of the service.</p> <p>Internal audits are completed, for example, medication, cleaning, laundry, kitchen, pressure injuries and skin care and medimap.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>The business and care manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, hazard registers and development of mitigation strategies. The 2022 register was sighted and included fire, pathogens, harmful substances, security and legal compliance.</p> <p>The business and care manager understood and has complied with essential notification reporting requirements. The business and care manager reported that seven S31 notifications of being short staffed due to staff illness and difficulty recruiting have been made to HealthCert since June 2022. There have been no notifications to the coroner. One notification was made to public health relating to Covid-19.</p> <p>The business and care manager reported that the staff are able to deliver high quality health care for Māori through, training, including cultural safety training, and cultural assessments and care planning. Eight staff who identify as Māori staff speak te reo Māori. Healthcare assistants reported at interview they are learning te reo Māori.</p> <p>The provider benchmarks six monthly internally against relevant health performance indicators, for example adverse events, infections, falls, weight loss and wounds. The national quality compliance and audit manager reported that results in one area were high. Strategies were put in place resulting in a positive outcome.</p>
Subsection 2.3: Service management	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe

<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>care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of 3 weeks rosters for each of the rest home/hospital wings and the dementia unit confirmed adequate staff cover is provided, with staff replaced in any unplanned absence.</p> <p>Seven days a week, there are at least two RNs in the two mixed hospital/rest-home wings on the morning and afternoon shifts, and there is one RN at night across both wings. Twelve healthcare assistants (HCAs) with a mix of long and short shifts are rostered in the morning in those two wings; eight in the afternoon, and two HCAs at night do a full shift. The dementia unit has one RN and two HCAs in the morning, plus an activities person from 9am to 5.30pm seven days a week. There are two HCAs in the afternoon, and two HCAs at night. The RNs posted in the hospital/rest-home wings provide assistance to the dementia unit in the evening and at night as required.</p> <p>Healthcare assistants reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. There is 24/7 RN coverage in the hospital. This was confirmed by healthcare assistants.</p> <p>Bureau staff have been used to cover RN shortages. The business and care manager reported one bureau RN is employed on average once a month. Healthcare assistants reported at interview bureau nurses do not work in the dementia unit.</p> <p>An afterhours on call system is in place with the business and care manager, clinical manager and a senior nurse sharing on call 24/7. The business and care manager, and clinical manager are registered nurses with a current annual practicing certificate.</p> <p>The business and care manager reported that during covid the regional clinical manager assisted with rostering.</p> <p>Related competencies are assessed and support equitable service</p>
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		<p>delivery. They include medication, insulin, manual handling, handwashing, restraint, interRAI, infection prevention and wound care. Records were sighted.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Staff are allocated eight hours training per annum. Healthcare assistants have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The six healthcare assistants working in the dementia unit have completed standard units 2390, 2391, 2392, and 2393. Twelve of the 13 registered nurses are interRAI trained. One registered nurse is scheduled to undertake the interRAI course.</p> <p>Training included cultural safety, chemicals, first aid, fire safety, hand hygiene, infection prevention, supporting young people with disabilities and Te Tiriti o Waitangi.</p> <p>The national quality compliance and audit manager reported that the provider is collecting ethnicity data through communication with family/whānau. The provider has engaged an external provider to consult with Māori to develop the collecting and sharing of high-quality Māori health information.</p> <p>The business and care manager reported that the provider is investing in the development of organisational and health care and support worker health equity expertise through training, and discussion of the importance of equity.</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</p>	FA	<p>The business and care manager described the procedure to ensure professional qualifications are validated prior to employment. Current annual practising certificates were sighted for the 14 registered nurses, the business and care manager, four physiotherapists, pharmacist, two dietitians, general practitioner, podiatrist, and two diversional therapists. All were within the expiry date.</p> <p>Staff orientation includes all necessary components relevant to the role. Healthcare assistants reported that the orientation process</p>



<p>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>prepared them well for their role. A new experienced healthcare assistant described their orientation and was buddied with an experienced staff member for one week. Orientation includes fire safety, First Aid, cultural safety, cleaning agents, Code of Health and Disability Services Consumers' Rights (the Code), young people with physical disabilities and policies and procedures. Competencies are signed off by experienced staff. Staff reported at interview they have received cultural training, and this was reflected in day-to-day service delivery.</p> <p>Staff files are kept secure and confidential using an electronic data base and paper-based files. Staff vaccination dates, date of birth, and contact details are recorded and were sighted. Ethnicity data is recorded, collated and used during recruitment processes.</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>	Not Applicable	<p>Takanini Lodge's admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members at the time of the audit, the service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively making contacts to work in partnership with local Māori communities and organisations. The CM stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions will be consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p>	FA	<p>A total of seven files sampled identified that initial assessments and initial care plans were resident centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI</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>assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care. Behaviour management plans were completed with detailed interventions plans in place and all residents in the secure dementia unit had 24-hour dementia activity care plans in place. These were regularly reviewed to reflect residents' changing needs for any residents who present with challenging behavioural issues.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>All residents' care, including the hospital, rest home, dementia, palliative care, respite and young people with disability (YPD) resident were evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the manager and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p>
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		<p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>Residents who are assessed as requiring YPD care had their needs identified and managed appropriately.</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>	FA	<p>The two diversional therapists (DTs) reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities such as celebrating national events, such as Matariki holiday, local visits from schools, kapa haka groups and use of basic Māori words. The DTs reported that they were currently preparing for the Māori language week. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted once a week except under COVID-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</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. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy.</p> <p>Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications, and supplements, allergies are indicated, and all photos were current. Eye drops in use were dated on opening and these were sighted in the medication trolleys.</p> <p>The GP completes three monthly reviews. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>The controlled drug register was current and correct. Weekly and six-monthly stock takes had been conducted. The CM reported that controlled drugs are stored securely following requirements and checked by two staff for accuracy when being administered and records were reviewed to confirm this. Outcomes of PRN medications were consistently documented.</p> <p>The registered nurses in all wings were observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards.</p> <p>There were no residents self-administering medications. There is a self-medication policy in place when required. The service facilitates young people with disabilities wishing to self-medicate safely. Medications were stored securely. There were no standing orders in use. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p> <p>There were six packs of expired PRN medications in the dementia</p>
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		wing drug trolley. Checking and updating of new regular medication packs in the electronic medication management system was not being consistently completed in all medication charts reviewed.
<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>The Māori health plan in place included cultural values, beliefs and protocols around food. The executive chef stated that menu options are culturally specific to te ao Māori/cultural, 'boil ups' and Island food were included on the menu, and these are offered to Māori and Pasifika residents when required. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food portions and options.</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>	FA	<p>A standard transfer notification form from Te Whatu Ora - Health New Zealand is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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-</p>	FA	<p>The building warrant of fitness expires on 14 February 2023.</p> <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. Electrical equipment has been tested and tagged as required and records were viewed. The business and care manager described the</p>

<p>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>maintenance schedule. The schedule was sighted. The maintenance personnel were interviewed.</p> <p>The business and care manager reported that sufficient personal equipment is available and it is not used for other residents. The facility is accessible to meet the mobility and equipment needs of people receiving services.</p> <p>The facility includes places where young people with disabilities can find privacy within communal spaces. There is consideration of compatibility with residents.</p> <p>The dementia unit is secure and spacious and allows for safe walking inside and outside. The unit is separate from the hospital and rest home wings.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Healthcare assistants reported that they respect the residents spiritual and cultural requirements.</p> <p>Documentation evidenced that Oceania are committed to consult and involve residents and family/whānau in the design of any new buildings. The national quality compliance and audit manager reported that there are plans to consult with Māori in the co-design of the environments for new buildings.</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>	FA	<p>The fire evacuation plan was approved by the New Zealand Fire Service on 12 April 1999.</p> <p>A trial evacuation takes place six-monthly with the most recent being on 11 August 2022. The record was sighted. The business and care manager reported that the emergency plan is suitable to meet the special needs of young people with disabilities in an emergency.</p> <p>Appropriate security arrangements are in place. The business and care manager reported that the doors are locked by 6pm. The RN on duty is responsible and undertakes security checks making sure the windows and doors are locked and security lights are working. Checks</p>

		<p>are completed during the afternoon shift, and at handover. Residents and whānau were familiar with emergency and security arrangements.</p> <p>The business and care manager reported that there is sufficient water and food on site in the event of an emergency.</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>There is a pandemic plan in place, and this is reviewed at regular intervals. There was an infection outbreak of COVID-19 from 22 Feb 2022 to 31 March 2022 and a total of 62 residents and 40 staff members were affected. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</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>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings. The CM reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections</p>
Subsection 6.1: A process of restraint	FA	A restraint free environment is the aim of the service. The regional clinical manager, business care manager and clinical manager

<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>reported that the governance group is committed to this. At the time of audit two residents were using a restraint as a last resort.</p> <p>A registered nurse is the restraint coordinator providing support and oversight for any restraint management. The position description was sighted. Healthcare assistants confirmed at interview they have been trained in least restrictive practice, safe restraint practice and de-escalation techniques. Training records sighted confirmed this.</p> <p>The monthly quality report includes the space to report incidents of restraint. The data included the type and frequency of restraint.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	<p>Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments, however regular medication packs received from the pharmacy were not being consistently checked and updated in the electronic medication management system. There were expired PRN medicines in the dementia wing trolley folder. The CM and RN reported that the nursing team were continuously being reminded to check and update all new regular packs and removing all expired medications in all wings PRN folders. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p>	<p>(i)Regular medication packs received from the pharmacy were not being checked and updated in the electronic medication management system.</p> <p>(ii)There were six packs of expired PRN medications in the dementia wing trolley.</p>	<p>(i)Ensure medication reconciliation is completed including new regular medication packs received from the pharmacy.</p> <p>(ii)Ensure all PRN medications are consistently checked and expired drugs are replaced in a timely manner.</p> <p>90 days</p>

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.