

# Oceania Care Company Limited - Elmwood Rest Home and Village

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## Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Elmwood Rest Home and Village

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

**Dates of audit:** Start date: 22 September 2022 End date: 23 September 2022

**Proposed changes to current services (if any):** A new facility is in its initial stages of construction on the current Elmwood Rest Home and Village site. Details have yet to be confirmed.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 147

# 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

Elmwood Rest Home and Village provides rest home and hospital level care and non-aged residential care to younger people with physical disabilities for up to 160 residents. This facility is operated under Oceania Healthcare, which is a developer, owner and operator of residential aged-care and retirement village facilities in New Zealand. There have been no significant changes to this facility, or its management since the previous audit.

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 (the latter was instead of general practitioner).

A strength of the service, resulting in a continuous improvement rating is related to progress and outcomes around cultural safety. Improvements are required to an aspect of medicine management.

## 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.

Residents who identify as Māori have their needs met in a manner that respects their cultural values and beliefs. Māori are provided with equitable and effective services based on the Te Tiriti o Waitangi and the principles of mana motuhake.

A number of Pasifika staff are employed within this service. Pasifika people are being provided with services that recognise their worldviews and are culturally safe.

Residents and whānau are informed about how to make a complaint, records of complaint management are maintained and a complaints register demonstrated the few complaints made, have been resolved promptly and effectively.

Policies are in place to support residents' rights, communication, complaints management and protection from abuse. The service complies with the Code of Health and Disability Consumer Rights. Residents including Young Person with Disabilities (YPD), receive services in a manner that considers their dignity, privacy, and independence and facilitates informed choice and informed consent. Care plans accommodate the choices of residents and/or their family/whānau.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and takes into account values, beliefs, culture, religion, sexual orientation and relationship status. Principles of mana motuhake practice were evidenced in service delivery.

The service has a bi-monthly newsletter that goes out to residents and families, which reflects Māori cultural aspects.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Residents including YPD, and family members are informed of the complaints process during admission, confirmed by residents and families during interview.

## 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.

Oceania Health care as the governing body is committed to delivering high-quality services in all of its facilities, including the Elmwood rest home and village. Māori consultation is occurring at both facility and governance levels, Te Tiriti is honoured and services for Māori are culturally safe.

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation and of the facility 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.

Well established 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 as applicable. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements with data compared with other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Human resources processes are managed according to current legislation and good practice. Staff education systems are ensuring safe and 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.
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The entry to service process is efficiently managed. There is a paper-based system for entry to services. The organisation is in the process of moving to electronic system called “Hub spot” for entry to services. Residents are assessed before entry to the service to confirm their level of care. The registered nurses (RN) are responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents’ assessed needs. Interventions are appropriate and evaluated by the RNs as per policy requirement.

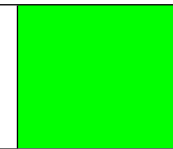
The service provides planned activities that meet the needs and interests of the residents including the YPD, as individuals and in group settings. Activity plans are completed in consultation with family/whanau, residents, and staff. Residents and family/whanau expressed satisfaction with the activities programme in place. The YPD residents are able to participate in a range of activities consistent with their interests and preferences.

There is a medicine management system in place. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The nurse practitioner (NP) is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



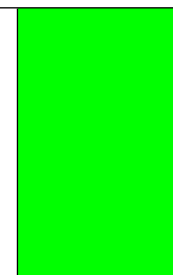
Subsections applicable to this service fully attained.

The facility is older style, is on one level and has multiple corridors. However, it is meeting the needs of residents, is being well maintained and repairs are being completed in a timely manner. There is a current building warrant of fitness on display. Electrical equipment has been tested as required, biomedical equipment checked, and hot water temperatures are safe. External areas are accessible, provide shade and seating, and meet the needs of people with disabilities. Repairs are completed within a timely manner. Ventilation and heating systems are functioning.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. An evacuation plan has been signed by the fire service. Adequate emergency supplies are being stored and checked regularly. Residents reported a timely staff response to call bells, which are monitored by managers. Security systems are in place and monitored as applicable. Staff, residents and whānau understood emergency and security arrangements.

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

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



Subsections applicable to this service fully attained.

The clinical governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.


The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. A suitably qualified clinical coordinator leads the programme.

Specialist infection prevention advice is accessed when needed. Staff demonstrated good understanding about the principles and practice around infection prevention and control. This is guided by relevant policies and supported through education and training.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

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

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Elmwood rest home and village is following the goal of Oceania Healthcare governance and clinical management towards becoming a restraint free environment. There were five residents using two different types of restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	1	168	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>	<p>FA</p>	<p>Oceania has a policy on Māori and Pacific Peoples’ Health, which 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>One of the corporate managers described how Oceania is engaging with a group conversant with Māori culture, which is providing advice and assistance as requested. An Oceania Healthcare Māori Health Plan dated 2022 – 2025 has been developed. Previous policies remain available as this plan still requires final sign and is scheduled as an agenda item at the clinical governance meeting 30 September.</p>

		<p>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>A range of actions have been taken and systems implemented that are demonstrating a continuous improvement process is occurring for ensuring cultural safety of residents and staff who identify as Māori. All Māori residents interviewed were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety and confirming that mana motuhake is respected. Staff expressed pride in contributing the changes that are occurring within the service. A corporate manager informed the wider organisation is intending to use the progress made at the Elmwood Village as an example for other aged care facilities they are responsible for.</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>There is a significant workforce of Pasifika people at Elmwood that is responsive to the Pacific population's health and disability needs. These staff are especially attentive to the smaller number of residents in this facility who come from different nations and identify as Pasifika. The Pasifika people and their families are fully satisfied with the services provided and confirmed their cultural and spiritual beliefs were embraced.</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, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Training on the Code of Health and Disability Services Consumers' Rights (the Code) is part of the orientation process and ongoing annual training, as was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. The Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) posters were prominently displayed at the reception area and on notice boards around the facility. The Code was available in English and Māori language. Residents and family/whānau confirmed being made aware of their rights and advocacy services during the admission process and explanation provided by staff on admission. Residents and family/whānau confirmed that services were provided in a manner that complies with their rights.</p> <p>The service recognises Māori mana motuhake by utilising the cultural safety assessment and use of Māori health care plan. Residents, family/whānau or their representative of choice were involved in the assessment process to determine residents' wishes and support needs.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Resident, family/whānau and staff interviews, and observation confirmed that privacy is respected: staff knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably dressed when taken to the bathroom. Interviews and observations also confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private.</p> <p>Staff interviews described how they support residents to choose what they want to do. Residents stated they had choices and are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over and choice over activities they participate in. Staff were observed to use person-centred and respectful language with residents.</p> <p>A sexuality and intimacy policy is in place with training part of the education completed. Staff interviewed stated they respect each</p>

		<p>resident's right to have space for intimate relationships. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. These are considered and met. Spiritual needs are identified, church services are held, and spiritual support is available. Younger persons with disabilities have input into their own routine and their identity, gender and sexuality is respected.</p> <p>The organisation's annual training plan demonstrated training that is responsive to the diverse needs of people across the service. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. Culturally appropriate activities have been introduced such as celebrating Waitangi Day and Matariki. Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying as well as the importance of involving family/whānau in the delivery of care. Te Reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo resources are available on the education platform.</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>	<p>FA</p>	<p>Information about professional boundaries, code of conduct, misconduct, discrimination, and abuse and neglect is discussed during the staff orientation period. There was no evidence of discrimination or abuse observed during the audit. Policies and procedures outline safeguards in place to protect residents from abuse, neglect, and any form of exploitation. In interviews, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect and exploitation. Residents confirmed that they are treated fairly.</p> <p>Residents' property is labelled on admission. The clinical manager (CM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Safeguards are in place to</p>

		<p>protect residents from abuse and revictimization; these include the complaints management processes, residents' meetings and satisfaction surveys. A strengths-based and holistic model of care using Te Whare Tapa Wha is utilised to ensure wellbeing outcomes for Māori. The service is working towards implementing a mechanism to monitor institutional racism.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Monthly resident meetings identify feedback from residents and consequent follow up by the service. Residents and family/whānau interviewed confirmed they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails and regular newsletters and resident meetings. Younger persons with disabilities are supported with communication needs through access of Wi-Fi, phones within the rooms and supported to access electronic devices.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and DHB specialist services (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health mental health and wound nurse specialist). The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with in regard to services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Accident/incident forms reviewed identified family/whānau are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available.</p>

		<p>Interpreter services are used where indicated. At the time of the audit, there were residents who did not speak English. Appropriate supports were in place. Staff have completed annual education related to communication with residents with a speech impairment and cognitive disabilities. The service has hand washing posters displayed in different languages.</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>The informed consent policy explains the process. Residents are provided with all information that supports the resident to make an informed decision. Residents have a right to decline/refuse treatment/care at any time. Staff understood the principles and practice of informed consent. Best practice tikanga guidelines in relation to consent and the Code are used in obtaining consent. Informed consent for all relevant procedures was obtained as part of the admission documents which the resident and family/whānau or their nominated legal representative signed on admission. Staff were observed to gain consent for daily cares. Resuscitation treatment plans and advance directives were available in residents' records. A medical decision was made by the nurse practitioner (NP) for resuscitation treatment plans for residents who were unable to provide consent in consultation with family/whānau and EPOAs.</p> <p>Residents confirmed being provided with information and being involved in making decisions about their care. The clinical manager (CM) reported that residents can be offered a support person through the advocacy services when required. Communication records verified inclusion of support people where appropriate.</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>Policies and procedures describe residents' right to make a complaint and a complaint management process that is consistent with the requirements of the Code. The business and care manager and the admissions coordinator confirmed that at the time of admission they take responsibility for informing residents and whānau about how they can make a complaint or raise a concern. Complaint forms are at the front reception of the facility and are also available on enquiry.</p> <p>Residents and whānau understood their right to make a complaint and knew who to approach if they needed to complain. The business and</p>

<p>system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>care manager informed that the kuia and key external Māori advisors available to the service 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>Two complaints were entered into the register for 2021 but none have been lodged during 2022. Concerns raised are also recorded. Details of complaints are in hard copy, while the register is electronic and is linked into the wider Oceania Healthcare records. Records sighted confirmed investigation and follow-up processes had occurred. The Oceania quality and compliance manager is responsible for ensuring the complainant is satisfied with the outcome.</p> <p>There have been no complaints received via an external service, such as the District Health Board or the Health and Disability Commissioner since the last audit.</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>Elmwood Village is under the auspices of Oceania Healthcare. The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Board members having access to cultural training, te reo and opportunities to upskill in Te Tiriti via other community roles and employment</li> <li>• defining a governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation.</li> <li>• 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</li> </ul>



	<ul style="list-style-type: none"> <li>• appointing an experienced and suitably qualified person to manage the service who has confirmed knowledge of the sector, regulatory and reporting requirements. The business and care manager of Elmwood has 21 years' experience as a registered nurse, has post graduate qualifications in mental health and continues to maintain an annual practising certificate. This person moved into management of aged care facilities in 2011 and took up the role of business and care manager of Elmwood rest home and village mid-2017. Current professional development is including step-up leadership courses. They are maintaining currency within the field and are well supported by a regional operations manager from the Oceania Healthcare corporate office.</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals. These were evidenced in strategic and business plans (including one for Elmwood Village May 2022 – May 2023) and related documents, including a clinical excellence strategy 2021, and in reports and meeting minutes reviewed.</li> <li>• the needs of young people with disabilities are reflected in both facility level and organisational documents.</li> <li>• demonstrating leadership and commitment to quality and risk management that includes reports on organisational quality improvement projects such as for reducing falls and infection rates for example</li> <li>• being focused on improving outcomes for Māori and people with disabilities</li> </ul> <p>Feedback on key performance indicators, information on human resource and employment processes and a sample of reports that feed into information for the board, including a recent full clinical and quality 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</p>
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		<p>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. 'A person with a disability policy' is scheduled to be presented to the clinical governance board for approval the week following the audit. Elmwood is already demonstrating competence in these areas as it continues to improve services for Māori and has five younger people with disabilities in its service. The management team is aware of the demographic of the geographic area that Elmwood rest home and village facility sits within. As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery.</p> <p>Elmwood rest home and village has 160 residential aged care beds, two of which were under renovation at the time of audit and three had independent people in them. The facility is registered to provide hospital or rest home level care in 118 of the rooms and rest home care only in 42 of the rooms. At audit, there were 147 people in 145 of the occupied rooms as two rooms had couples in them. Two residents were under a Te Whatu Ora long-term chronic healthcare conditions contract and five residents were under a Ministry of Health young persons with a disability contract. There were 74 residents receiving hospital level care and 66 receiving rest home level care age-related residential care agreements (ARRC). Twenty-one of the current 147 residents are cared for in care suites under an occupation right agreement.</p> <p>For this audit the lead auditor was also in the role of consumer auditor for the younger people with disabilities.</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</p>	FA	<p>The Elmwood rest home and village uses Oceania Healthcare's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022 - 2025, critical incident accident sentinel event policy and the quality cycle. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is already occurring</p>

<p>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>including at Elmwood; however, the corporate office is considering ways to further 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 Elmwood include the monthly combined staff and quality team meetings. Separate health and safety meetings, infection prevention and control, restraint and registered nurse meetings feed into these meetings. Registered nurse meetings capture data related to clinical indicators. Residents' meetings are two monthly.</p> <p>Twice a year, care net promoter score resident and whānau surveys are undertaken. Those on the younger persons with disabilities also contribute. Corrective actions are raised even if there is only one response to the negative and examples of this around food and laundry were viewed. Staff surveys are not showing any added information to be forthcoming, except to reiterate concerns around staff absences and shortages. Internal audits are completed according to a 2022 schedule with corrective actions and outcomes fed back to the corporate office. The majority of the internal audit results sighted had scores of 100%, although corrective actions are raised for any shortfalls.</p> <p>Incidents are managed through the health and safety system, according to the expectations of the National Adverse Event Reporting Policy. Incidents are recorded, entered into the electronic system, investigated and followed up. Staff are encouraged to report near miss events. The data is analysed and fed through both local and national levels for identification, comparisons with other providers and implementation of quality improvement opportunities. Incident management is linked into the risk management processes. The business and care manager and the clinical manager were familiar with essential notification requirements and the reports of two sentinel events of people leaving the facility without the necessary support were evident in records reviewed. No other uncontrollable events other than notifications regarding registered nurse/staff shortages</p>
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		<p>have occurred.</p> <p>Risk management is integrated within the wider quality management system. Staff have completed relevant health and safety training and are ensuring risks are identified, eliminated or mitigation strategies implemented at the Elmwood facility. This is occurring through all levels of the organisation and was confirmed in a range of reports and meeting minutes sighted.</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>Documents associated with a commendable quality improvement project titled 'Managed Isolation and Quarantine (MIQ) in Aged Related Residential Care (ARC)' that was presented at a clinical symposium were read and discussed. All stages of a unique quality improvement project were evident and fully implemented within Elmwood rest home and village. As the project primarily focused on the benefits of only one resident and their whānau it is not able to be further acknowledged within the report as a continuous improvement.</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 and examples of this occurring were discussed during a review of several weeks of rosters. This review demonstrated that although new staff are being employed, creative strategies such as longer shifts, and additional shifts and use of agency staff are still being used to ensure staffing levels are safe. Care staff reported there were now adequate staff to complete the work allocated to them on most shifts, although they had been through stages due to staff shortages, the impact of the Covid-19 pandemic and staff sickness when this had not always been the case. Staff shortages were discussed with the business and care manager who showed that Section 31 reporting to the Ministry of Health had occurred when required and confirmed the processes</p>

		<p>used to support staff and residents over the difficult weeks. Plans and strategies regarding staff for any future outbreaks are available. Residents and whānau interviewed also talked about times when there were staff shortages but are now satisfied with the number of staff available. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. A healthcare assistant is the first responder to any village resident call out and may seek registered nurse assistance if necessary. There is always a minimum of two registered nurses on duty.</p> <p>Continuing education is planned on a/an biannual/annual basis, including for mandatory training requirements. Related competencies are assessed and support equitable service delivery. The New Zealand Qualification Authority education programme is made available to new staff. Despite the staffing related challenges and other demands on staff time over the past one to two years, records sighted confirmed the commitment to maintaining staff training and competency requirements has been upheld. The clinical governance unit of Oceania Healthcare is commencing an initiative (Clinical Excellence Strategy) for the organisation to grow its own registered nurse workforce from new graduate to nurse practitioner. Expressions of interest are being forwarded. Support for senior healthcare assistants to progress to becoming a registered nurse is also being promoted.</p> <p>Staff reported feeling well supported and safe in the workplace. Open door policies mean staff have easy access to the business and care manager at any time and to the clinical manager if preferred. The business and care manager informed counselling is available via RAISE (formerly known as the employee assistance programme) and there are systems in place and staff education that promote staff wellness.</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</p>
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		<p>health care and support worker health equity expertise. Once the systems are established these will be shared with all Oceania Healthcare's facilities, including Elmwood rest home and village; however, meantime Elmwood is demonstrating leadership in its consultation of residents, whānau and staff who identify as Māori in ensuring services and activities are culturally safe (refer continuous improvement in criterion 1.1.2).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Oceania Healthcare's human resources management policies and processes are based on good employment practice and relevant legislation. Application forms and curriculum vitae are required, and staff information is checked via interviews, two reference checks and police checks for example. Signed position descriptions and employment agreements are available for the various employment roles. Staff records are recognised as being confidential and are held securely. Except for a couple of records of longer serving staff, a sample of staff employment files reviewed confirmed the organisation's human resource policies are consistently implemented. Records showed staff are completing a comprehensive induction/ orientation programme that includes a buddying process for as long as the new staff person requires. The business and care manager follows up with an appraisal interview at three months. Ongoing staff performance is reviewed during annual appraisals and records sighted confirmed these are up to date for all staff currently working at the facility. Although the younger people with disabilities in this facility are mostly over 65 years, the business and care manager ensures staff are aware of the specific contractual requirements for younger people with disabilities.</p> <p>Folders containing current health professional qualifications, currency of registration and scope of practice were reviewed. Qualifications of all staff are validated prior to employment. Ethnicity data is collected and recorded and is already being purposefully used by the business and care manager.</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 who have open door policies. They may</p>

		also access RAISE (previously known as the Employee Assistance Programme (EAP)). The business and care manager advised that staff wellbeing is covered in toolbox talks and in staff quality meetings.
<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 describes information management processes for all documentation within Oceania Healthcare and details responsibilities of individual facilities such as Elmwood rest home and village. 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>Elmwood rest home and village is not responsible for National Health Index registration of people receiving services.</p> <p>The service uses an electronic information management system for most clinical records and paper-based for enquiries. They are in the process of transitioning to electronic enquiry records system. All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was obtained for collection of health information for all residents. Residents' information was stored securely in electronic files. Staff have individual passwords to access the electronic systems. InterRAI assessment information is entered into the Momentum electronic database and reports uploaded into individual residents' electronic files. The information is accessible for all staff who use it with differing levels of security depending on who is accessing it.</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>Enquiries are managed by the admissions coordinator with the support of the clinical team to assess suitability for entry. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the</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>local needs' assessment and coordination service (NASC). Assessment confirming the appropriate level of care and NASC authorisation was held in files reviewed.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Enquiry records are maintained. Work is in progress to implement routine analysis of entry and decline rates including specific rates for Māori. Elmwood rest home and village has links with the local Marae through the activities team. Support for Māori individuals and whanau can be accessed if required. Residents have access to complementary/ traditional medicines if desired.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The registered nurses (RNs) are responsible for completing nursing admission assessments, care planning and evaluation. The enrolled nurses (ENs) have input in the assessment and care planning process, and they work under the direction of the RNs. The initial nursing assessments sampled were developed within 24 hours of admission in consultation with the residents and family/whānau where appropriate. The service uses assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs.</p> <p>InterRAI assessments were completed within three weeks of an admission. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The long-term care plans were developed within three weeks of an admission. A range of clinical assessments, including interRAI, referral information, and the NASC assessments served as a basis for care planning. Residents' and family/whānau or enduring power of attorney (EPOA) where appropriate, were involved in the assessment and care planning processes. All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. Residents and family/whānau confirmed their involvement in the assessment process.</p>



	<p>The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs documented. Care plans were person centred, developed with the residents and their legal representatives or family where appropriate and includes wellbeing, community participation, meeting physical needs and health needs of residents. Where appropriate, early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Any family/whānau goals and aspirations identified were addressed in the care plan.</p> <p>Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. The Māori health care plan sampled for review included Māori healing methodologies, such as karakia, mirimiri and rongoā. Resident's preferred cultural customs, values and beliefs were included using Te Whare Tapa Wha model of care. The care planning process support residents who identify as Māori and whānau to identify their own pae ora. The staff confirmed they understood the process to support residents and whānau. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori and Pacific people's policy and the CM reported that these will be eliminated as required.</p> <p>Medical assessments were completed by the NP within two to five working days of an admission. Routine medical reviews were completed three monthly and more frequently as determined by the resident's condition where required. Medical records were evidenced in sampled records. On call services are provided as required.</p> <p>The care plans evidenced service integration with other health providers including activity notes, medical and allied health professionals. Changes in residents' health were escalated to the NP. Records of referrals made to the NP and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The NP expressed satisfaction with the care provided and</p>
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		<p>communication from the nursing team.</p> <p>Residents' care was evaluated on each shift in the progress notes by the caregivers. Any changes noted were reported to the RNs, as confirmed in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short term care plans were reviewed weekly or earlier if clinically indicated. The evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. Appropriate equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. The residents and family/whānau confirmed their involvement in evaluation of progress and any resulting changes.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services 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>The diversional therapist who oversees the activities programme was newly appointed and was in the process of completing the orientation process. The guest services coordinator and three other activities coordinators support the DT. The activities programme is completed by the DT with input from the activities coordinators and the guest services coordinator. A monthly and weekly activities planner was sighted. Each resident receives a copy of the weekly activities plan and a copy of the weekly plan was posted on notice boards around the facility. Residents' activity needs, interests, abilities, and social requirements were assessed within the first three weeks of admission using the organisational assessment forms. The activities care plans are formed using the information collected using these assessment tools. The activities programme is reviewed through satisfaction surveys and in residents' meetings to help formulate an activities programme that is meaningful to the residents. Resident's activity needs are evaluated as part of the formal six monthly interRAI assessments and care plan review and when there is a significant</p>

		<p>change in the resident's ability. This was evident in the records sampled.</p> <p>Activities on the programme reflected residents' goals, ordinary patterns of life, strength, skills, interests, identity and included normal community activities. Residents are supported to access community events and activities where possible. Individual, group activities and regular events are offered. The activities on the programme include van trips, quiz, indoor bowls, craft, music, external entertainers, walks and birthday celebrations. Gender specific activities are offered. Cultural events celebrated include Waitangi Day and Matariki day. Other opportunities facilitated for Māori to participate in te ao Māori include Māori language week observation, support from local marae, kapahaka performances from local schools and poi exercises in the morning moving group. Some residents are able to go out to visit family and friends in the community independently. Family support those who are not independent to go out for visits in the community.</p> <p>Young people with disabilities are able to participate in a range of education, recreation, leisure, cultural and community events consistent with their interests and preferences. Activities attendance records were maintained. Residents were observed participating in a variety of activities on the days of the audit. Interviewed residents and family confirmed they find the programme satisfactory.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in</p>

		<p>administration. Weekly checks of medications and six-monthly stocktakes had been conducted in line with policy and legislation. Staff observed administering medication demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the CM or RN. Residents' allergies and sensitivities are identified on admission and documented on their medication chart. RNs interviewed demonstrated knowledge on management of adverse event. The service has policies and procedures on management of adverse events. The RN demonstrated the medication administration rights when administering medication. Residents interviewed stated that medication reviews and changes are discussed with them. Three out of 26 residents were self-administering at the time of the audit. The self-administration consent demonstrated an approval, evaluation and review process is in place. Standing orders are not used in this facility. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>The medication policy describes use of traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs confirmed that if they were being used, they were added to the medication chart by the GP following discussion with the resident and/or their family/whānau.</p> <p>A corrective action has been raised as reconciliation is not occurring for all medicines as they arrive in the facility from the pharmacy.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food is prepared on site by chefs and is in line with recognised nutritional guidelines for older people. The executive chef is part of the menu development team at the organisational level. Residents’ nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary forms identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. Diet preference forms are completed and shared with the kitchen staff and any requirements are accommodated in daily meal plans. Copies of individual diet preference forms were available in the kitchen folder. The executive chef monitors all the dietary forms sent to the kitchen.</p> <p>Kitchen staff have received required food safety training. The menu follows summer and winter patterns in a four weekly cycle and was reviewed by a qualified dietitian on 23 March 2022. Māori Cultural theme menu and recipes were available in the kitchen. Māori bread was prepared for residents to celebrate the Māori language week. Meals were served in respective dining rooms and residents who chose not to go to the dining room for meals, had meals delivered to their rooms. Residents are offered two meal options for each meal and are provided with a choice for an alternative if they do not want what is on the menu.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The service operates with an approved food control plan and registration issued by Ministry for Primary Industries. The current food control plan will expire on 28 March 2023. Food temperatures were monitored appropriately and recorded as part of the plan. On the days of the audit, the kitchen was clean and kitchen staff were observed following appropriate infection prevention measures during food preparation and serving.</p> <p>Mealtimes were observed during the audit. Residents received the support they needed and were given enough time to eat their meal in an unhurried fashion. Residents expressed satisfaction with the</p>
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		variety of the meals and culturally specific meals provided.
<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>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau /EPOA. Residents' family reported being kept well informed during the transfer of their relative. The clinical coordinators reported that an escort is provided for transfers when required. The admissions coordinator updates the information management system when transfers occur. InterRai reassessments were completed for transfers to another facility. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed and the resident's progress notes.</p> <p>The clinical coordinators reported that referral or support to access kaupapa Māori agencies where indicated, or requested, will be offered. Referrals to seek specialist input for non-urgent services are completed by the NP or RNs. Examples of referrals completed were in residents' files sampled, including to the eye specialists, wound nurse specialist and radiology.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with an expiry date of 16 March 2023 is on display near the front entrance. Testing and tagging of electrical equipment is current as are the calibration and safety checks of biomedical equipment. Hot water temperatures are safe, and a maintenance schedule is upheld.</p> <p>The environment is comfortable and accessible, promoting independence and safe mobility. Personalised equipment is available for residents with disabilities to meet their needs. Sufficient communal equipment for other residents is also available. There are adequate numbers of accessible toilet and bathroom facilities with some wings such as the care suite rooms having their own ensuite. Some other areas have shared ensuites, while other rooms have a toilet and</p>

		<p>residents share shower facilities. Spaces were culturally inclusive and personalised, especially residents' rooms, and all suited the needs of the resident groups including the younger residents. There is a main lounge and dining area in each of the five wings as well as other small sitting areas scattered around the facility. All residents' rooms have openable windows with downstairs ones having security latches. The facility is set in well-established gardens and there are three internal courtyards with gardens where people can safely mobilise around.</p> <p>Residents and family members confirmed their satisfaction with the overall environment during interviews. Heating and ventilation systems are monitored for effectiveness.</p> <p>The managers interviewed confirmed that Oceania Healthcare is aware of the need to consult with residents and whānau regarding the design of any new buildings and informed that for the new building currently under construction this is to be undertaken alongside the consultancy company Oceania Healthcare has engaged.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and describe the procedures to be followed. Staff participate in emergency training each year and those interviewed knew what to do in an emergency. Two trial evacuations are undertaken six monthly which cover all shifts (last report 2 September 2022). The fire evacuation plan has been approved by the New Zealand Fire Service, 31 January 2008. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region and are being regularly checked. Gas barbecues are available, and an emergency water tank is on site. Additional bottled water is renewed every six months. Oceania has access to generators and there is a generator connection into the facility.</p> <p>Call bells alert staff to residents requiring assistance. There were no complaints regarding call bell response timeframes. The call bell system operates in a manner that makes staff accountable as any non-response or delayed response is escalated to the clinical manager and ultimately the business and care manager, who review</p>

		causes for such delays. Appropriate security arrangements for all types of residents are in place and include security lighting, automatic locking front door in the evening, night-time checks of doors, alarms on external doors and surveillances cameras in key strategic positions. Residents were familiar with emergency and security arrangements.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>The Infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the General Manager, Nursing &amp; Clinical Strategy who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare. Infection prevention and control and antimicrobial stewardship policies and procedures are signed off at this level, are appropriate for the Elmwood rest home and village and subsequently approved by the board of governance. The IP programme and policies and procedures link to the quality improvement system and are reviewed and reported on annually. Details of the inclusion of infection prevention within the infection surveillance and clinical outcomes reports are noted within the strategic planning documents. This includes reports on significant infection events.</p> <p>Expertise and advice are sought following a defined process with local district health board infection control officers and experts from the local public health unit accessed when required. A documented pathway within the clinical quality report supports reporting of progress, issues and significant events to the governing body. Oceania has worked at getting its own lead/clinical infection prevention and control expert to support the clinical governance team.</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>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	<p>A clinical coordinator oversees and coordinates the implementation of the (IPC) programme at the service level. The infection control committee is led by the general manager, nursing and clinical strategy at the support office working in conjunction with the regional clinical</p>



<p>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>		<p>and quality manager team at the organisational level. The infection control coordinator's role, responsibilities and reporting requirements are defined in the infection control coordinator's job description. The infection prevention and control coordinator (IFC) has completed external education on infection prevention and control in September 2021. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IPC programme implemented is clearly defined and documented. It was developed with input from external IPC services. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually, it was last reviewed in April 2022.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The IPC resources were readily accessible to support the pandemic response plan if required.</p> <p>The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis, as a group in residents' meetings and through regular infection prevention and control team gazette. The two monthly gazette includes infection prevention and control information on hand hygiene, IPC word search, COVID-19 and other infectious organisms. Residents and family confirmed that they receive the gazette monthly.</p> <p>The IFC liaises with the CM on PPE requirements and procurement of</p>
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		<p>the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora- Health New Zealand. The CM stated that clinical governance team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The IFC reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori was available and the IFC reported that these are available for residents who identify as Māori. Residents who identify as Māori expressed satisfaction with the information provided.</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</p>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS programme was approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The</p>

to the needs, size, and scope of our services.		monthly analysis of data includes antibiotic usage.
<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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, comparison with the previous year and month, reason for increase or decrease and action advised. The CM monitors the infection events recorded weekly and the BCM receives a notification for high-risk infections recorded in the electronic system. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents were advised of any infections identified and family/whānau where required in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There were three COVID-19 infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</p>	FA	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was a sufficient amount of PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood</p>

<p>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>the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. The BCM and IFC has oversight of the facility testing and monitoring programme for the built environment. These did not reveal any significant issues. Residents' laundry services are completed offsite. There is a designated area for clean laundry and a separate area for trolleys with dirty linen laundry. Only kitchen laundry is completed onsite in the laundry. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</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>Oceania Healthcare has changed the focus of its company policy from restraint minimisation to reducing restraint use, by way of committing to reducing the number of Oceania facilities in which restraint is used. The regional clinical manager informed that the board is fully supportive of this approach and confirmed a full report on restraint use from all facilities including Elmwood is provided to the board annually.</p> <p>According to the restraint register and the clinical manager/restraint coordinator, there were three residents using bed rails as a restraint and two others using bedrails and lap belts, at the time of audit. Policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff receive ongoing training in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, following assessments and trials. The overall use of restraint is being monitored and analysed. Documentation reviewed confirmed whānau/EPOA were involved in decision making, as were a general practitioner or a</p>

		nurse practitioner.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>The business and care manager and the clinical manager/restraint coordinator informed that any restraint use is a last resort after alternatives have been explored. Examples of alternatives tried were provided by the clinical manager for the people at Elmwood for whom a restraint is used. An assessment is initially undertaken by a registered nurse alongside the clinical manager/restraint coordinator followed by a GP or a nurse practitioner's review and assessment. Whānau/EPOA are involved, and the assessment form completed. A trial of approximately two weeks is undertaken before ongoing use is confirmed. Two hourly monitoring is recorded in an electronic record, as per instructions on the form describing the restraint process. Reviews are undertaken alongside six-monthly care plan reviews, or when a person's condition changes. Access to advocacy is facilitated as necessary, which is usually a family member.</p> <p>A restraint register contains enough information to provide an auditable record and is reviewed six monthly.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>Restraint use is discussed at Elmwood on-site nurses' meetings and with the regional clinical manager. The clinical manager/restraint coordinator is responsible for reporting processes and is a member of Oceania's national restraint committee which meets quarterly. All restraint use is reviewed, including reasons for use of each restraint, type of restraint and equipment required, monitoring processes, and review of ongoing need of the restraint at these restraint committee meetings. The outcome of these reviews is reported to the governance body. Reports of three people in the last year for whom restraint had been used but is no longer needed described how the ongoing review processes are effectively reducing restraint.</p>

## 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 3.4.2</p> <p>The following aspects of the system shall be performed and communicated to people by registered health professionals operating within their role and scope of practice: prescribing, dispensing, reconciliation, and review.</p>	PA Low	<p>Twenty-six medication charts were reviewed. The service uses pharmacy pre-packaged medicines. For 16 out of the 26 residents' medication files reviewed, reconciliation had not been done by the RN on delivery of the medicines to the facility. All stock medications sighted were within current use by dates. The NP has been reviewing the resident's medication three monthly.</p>	<p>In 16 of 26 medication charts reviewed, reconciliation of medicines was not consistently completed by the registered nurse on the delivery of the medicines to the facility.</p>	<p>All medications delivered to the facility need to be checked and reconciled with the resident's medication chart.</p> <p>180 days</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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 1.1.2</p> <p>My service provider shall ensure my services are operating in ways that are culturally safe.</p>	CI	<p>The business and care manager has close links with Māori communities and culture through family who are willingly supporting current and proposed changes in relation to Māori culture at Elmwood Village. There are a number of staff at the Elmwood Rest Home and Village and about the same number of residents who identify as Māori. One of these staff has taken on the role of kuia for staff. Another staff person, a registered nurse, has developed a relationship with a leader of a key Māori provider and is proactively using their advice and support to implement and integrate a range of culturally appropriate practices. Similarly, kaumatua from a local marae and from Te Whatu Ora have been approached and have agreed to provide further ongoing advice and support as needed.</p> <p>The business and care manager noted they have only commenced their journey but described ways in which</p>	<p>This facility is undertaking ongoing reviews of its links with Māori communities, its establishment of connections with kaumatua and key Māori services, the provision of relevant information and implementation of Māori cultural practices to ensure services are operating in ways that are culturally safe with modifications made of actions when indicated.</p>

		<p>the difference is already perceptible. This was confirmed in staff interviews, staff meeting minutes and reports, where progress is recorded and reviews for further improvement are evident. There are Māori cultural activities occurring and progressively being introduced, for example karakia and waiata, that reflect Māori culture, te reo is being encouraged and the regular Elmwood Voice publications (monthly facility newsletter) have colourful and informative articles on topics such as Matariki, te whare tapa wha and examples of waiata. Residents spoke very positively about what is happening in this area.</p> <p>Albeit it is early stages, the range of actions already underway and systems being implemented are demonstrating a continuous improvement process is occurring for ensuring cultural safety of residents and staff who identify as Māori. All Māori residents interviewed are comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety and confirming that mana motuhake is respected. Staff expressed pride in contributing to the changes that are occurring within the service and many have volunteered to be in a Māori advice/support group. A corporate manager informed the wider organisation is intending to use the progress made at the Elmwood Village as an example for other aged care facilities they are responsible for.</p>	
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End of the report.