

# Oceania Care Company Limited - Franklin Rest Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Franklin Rest Home

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

**Dates of audit:** Start date: 19 September 2022 End date: 20 September 2022

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 39

# Executive summary of the audit

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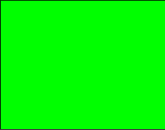

## Introduction

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

Franklin Rest Home (Oceania Healthcare) provides rest home, hospital and dementia care services for up to 44 residents.

This surveillance audit process included review of policies and procedures, review of residents' and staff records, observations and interviews with residents, family members, managers including the regional clinical manager and staff. The contracted general practitioner was also interviewed.

There was one area of improvement to follow-up from the previous audit and this has been addressed. This related to corrective action plans arising from meetings, not being consistently documented. Two areas requiring improvement were identified at this audit. One in relation to medicine management and one related to the activities programme for the hospital and dementia care service.

## Ō tatou motika | Our rights


Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Residents who identify as Māori said they were treated equitably and that their self-sovereignty/mana motuhake was supported. The service is socially inclusive and person-centred. Te reo Māori and tikanga Māori are incorporated into daily practices.

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

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The governing body and management team are responsible for delivering safe and appropriate care services.

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

There is adequate staff coverage on all shifts. The clinical manager covers the service and ensures registered nurse cover is provided 24 hours a day, seven days a week.

Staff are provided with a detailed orientation and ongoing education programme relevant to the facility and levels of care provided. Staff individual records are maintained and are stored appropriately.

## 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.

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

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

There is a medicine management system in place. The general practitioner (GP) is responsible for medication reviews. Staff involved in medication administration are assessed as competent to do so.

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

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

## Te aro ki te tangata me te taiao 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.

There is a current building warrant of fitness. All clinical and electrical equipment has been tested as required. External areas are accessible, safe and security is maintained. Staff, residents, family/whanau understood emergency arrangements. The service has an approved fire evacuation scheme and fire drills are completed regularly.

## 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 service ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical services manager coordinates the programme.

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

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

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service aims for a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of the audit.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	19	0	1	0	0	0
Criteria	0	47	0	1	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The business and care manager (BCM) interviewed stated that the organisation actively recruits and retains a Māori health workforce. The service currently employs six staff who identify as Māori. The six staff members are employed as healthcare assistants. There are four residents who identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	Not Applicable	<p>Support is available and provided through Te Whatu Ora – Health New Zealand Counties Manukau, Pacific cultural advisors and other Pasifika organisations in the region as needed. There is one pacific island resident at this home. The care plan for this individual resident does reflect a pacific worldview and is developed to ensure the identified needs of the resident are able to be effectively met. There are 12 staff employed at this facility who identify as Pasifika. Due to the size of the service this does not currently include leadership or management roles, as these roles are already filled. The organisation</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>is working towards developing and implementing a Pacific Plan to be used across all services.</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>The Māori residents interviewed said that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Enduring power of attorney (EPOA), whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required. The service is guided by the cultural responsiveness for Māori residents' policy for residents who identify as Māori.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The organisation orientation requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff had completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Policies and procedures are being updated to ensure that te reo Māori and tikanga practices are incorporated in all activities undertaken. Residents and whānau reported that their values, beliefs, and language is respected in the care planning process.</p> <p>The service responds to residents' needs including those with a disability and supports and encourages participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services</p>	<p>FA</p>	<p>The clinical manager (CM) and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation's code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, they are treated fairly, they feel safe, and protected from abuse and neglect. This was reiterated in whānau interviews conducted. A Māori health model is used when required to ensure a</p>

<p>are safe and protected from abuse.</p>		<p>strengths-based and holistic model ensuring wellbeing outcomes for Māori. There are monitoring systems in place, such as residents' satisfaction surveys and residents' meetings, to monitor the effectiveness of the processes in place to safeguard residents.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Franklin Rest home ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and whānau in interviews conducted. The CM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora – Health New Zealand Counties Manukau if required. Staff reported that they are encouraged to refer to the Māori Health Policy on tikanga best practice.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>Residents and family interviewed understood their right to make a complaint and knew how to do so. They informed they feel free to and comfortable about raising any issues of concern. There were six complaints received since May 2021 one verbal and five written. All complaints are numbered and had been effectively closed out. The timeframes for complaints management are implemented that meet the Code of Health and Disability Services Consumers' Rights (the Code) and all obligations are upheld. There have been no complaints received from the Health and Disability Commissioner (HDC) or Te Whatu Ora – Health New Zealand Counties Manukau.</p> <p>Processes are in place to ensure any complaints from Māori residents, whanau or staff shall work equitably. The managers will meet with them to discuss the complaint and ensure there is an agreed resolution.</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>Oceania Healthcare is the governing body. Through the organisations policies and procedures, the clinical excellence strategy dated 22 March 2022 and a clinical workplan 2021 - 2022 made available for review, there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. There have been no concerns raised about the cultural appropriateness of care provided to residents. The clinical manager confirmed a continuing commitment to ensure that the residents receiving services and their family/whanau continue to actively participate in all aspects of planning, implementation, monitoring and evaluation of the individualised services/care provided. This includes reviewing services for tangata whaikaha via the care planning and review process and environmental audits.</p> <p>The organisation has a Māori and Pacific Health Policy, which states the organisation will provide services in a culturally appropriate manner, and act to the fullest extent practicable to achieve equitable health outcomes for Māori and Pasifika people who access the service. The organisation strives to eliminate any barriers for equitable access to services and this is ongoing with feedback and evaluation of service delivery.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Counties Manukau for rest home, respite, hospital and dementia care services. Thirty nine (39) residents on the day of the audit were receiving services rest home nil, hospital 22, respite care nil and dementia level care 17.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, satisfaction surveys, monitoring of outcomes, policies and procedures, health and safety reviews and staff training. The BCM is responsible for implementation of the quality and risk system with the assistance of the clinical manager.</p> <p>There are a range of internal audits which are undertaken using template audit forms. Audits have been completed and corrective actions are developed and implemented to address any shortfalls.</p>

<p>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>There is a good level of compliance in the audit results sighted. Corrective actions requests developed after the staff meetings are followed up by management and closed out as required. These are used for quality improvement. This was an area identified for improvement at the previous audit which has been addressed.</p> <p>The BCM interviewed is well informed about the processes and obligations to report adverse events/incidents and essential notification on areas requiring improvement. Weekly Section 31 notification forms have been completed and sent to HealthCERT in relation to the shortage of registered nurses at this facility. There is a current and up-to-date hazard register available reviewed last 18 January 2022. Franklin rest home has not yet been able to evaluate and include any potential inequalities, in the organisational risk management and review process.</p> <p>There are four residents who identify as Māori at this rest home. The BCM and the clinical manager advised their focus is on ensuring all residents including those that identify as Māori receive high quality health care. The executive team for Oceania Healthcare is currently undergoing training on Te Tiriti of Waitangi and equity. Plans are in place for this to be extended out to BCMs and all staff when a programme is developed and implemented.</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 process for determining staffing levels and skill mixes to provide clinically and culturally safe care, 24 hours a day, seven days a week (24/7). Rosters reviewed are adjusted to resident numbers and level of care and when residents' needs change. There is a minimum of one registered nurse (RN) and two healthcare assistants (HCAs) on night duty. There are four health care assistants and one additional HCA who works four hours and an RN in the am shift. The BCM and the CM both work full time Monday to Friday supported by an administrator/receptionist. The afternoon shift comprises of one RN and two HCAs, plus one additional HCA for four hours. There is one diversional therapist (DT) and two activities coordinators who cover the services seven days a week. There is a minimum of two cleaners 9am to 3pm daily. Two days a week an additional cleaner is employed to undertake extra cleaning duties. The laundry is completed off site however cleaning staff do undertake</p>

		<p>some laundry duties for resident's personal items, and this is supported by the HCAs.</p> <p>The RN vacancy for this facility sits at 3.6 as per the Oceania contingency plan. Notification of RN shortage forms have been completed weekly and sent to HealthCERT. The CM covers shifts as needed. No shifts are left uncovered. After hours are managed effectively and the BCM explained the cover and plan in place. Rostering is fair, equitable and follows rostering guidelines and provides effective service cover.</p> <p>The CM, BCM and the regional clinical manager (RCM) discussed at audit the possibility of stopping all admissions (regardless of level of care) to be flexible with the use of existing staff across the facility. There are designated hours for the cooks and kitchen assistants. Oceania has a new initiative in place and has employed an Oceania chef who is providing support to all food service managers and kitchen staff, across the organisation.</p> <p>Continuing education is planned both annually and biannually, depending on the topic. Mandatory training requirements are identified, and relevant competencies are assessed. The training schedule has been recently updated to include topics relevant to the Nga Paerewa standards. Recent education topics included Covid 19, hand hygiene, first aid training, fire safety and emergency, infection prevention, medicine management, wound care, de-escalation and other topics. RNs have had opportunities to attend a nursing forum in 2021 and management a recent Oceania Healthcare management conference September 2022. Designated RNs remain interRAI competent as required.</p> <p>Staff interviewed felt well supported and safe in the workplace, including at a cultural level. There are a range of initiatives that provide staff with support and a positive work environment.</p> <p>The staff cultural competency assessment process is yet to provide information which includes equity and encourages collecting and sharing of current high quality Maori health information.</p>
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<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>Records of health professional qualifications are on file and annual practising certificates (APCs) are checked for currency each year for both employed and contracted health professionals. Orientation and induction programmes are implemented, and staff confirmed their usefulness and applicability and felt well supported. New care staff have at least three days orientation/induction including where they are allocated to work with senior staff to undertake role specific training. A 'buddy' system is used for the HCAs. Additional time is provided as required. A checklist is required to be completed relevant to the role along with a generic facility wide checklist and health and safety checklist.</p> <p>All staff information is held on record is relevant, secure and retained in a confidential manner.</p> <p>Staff ethnicity data is being collected, recorded and used in accordance with Health Information Standards Organisation (HISO) requirements. Individual staff records reviewed were well maintained</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>Not Applicable</p>	<p>Franklin Rest home admission policy for the management of inquiries and entry to service is in place. All enquiries and those declined entry are recorded on the pre-enquiry form.</p> <p>There were Māori residents and staff members at the time of the audit, the service is actively working to ensure routine analysis to show entry and decline rates including specific data for entry and decline rates for Māori is implemented.</p> <p>The service is actively making contacts to work in partnership with local Māori communities and organisations. The CM stated that Māori health practitioners and traditional Māori healers for residents and whānau who may benefit from these interventions will be consulted when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they</p>	<p>FA</p>	<p>A total of six files sampled identified that initial assessments and interim care plans were resident centred, and these were completed in a timely manner. The service uses assessment tools that include</p>

<p>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>consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, family/whānau/EPOA. Person centred care plans were also developed, and six-monthly evaluation processes ensures that assessments reflected the resident's daily care needs. Resident, family/whānau/EPOA, and GP involvement is encouraged in the plan of care.</p> <p>The GP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>All residents' care, in the hospital and dementia unit, was evaluated on each shift and reported in the progress notes by the care staff. Short-term care plans were developed for short-term problems or in the event of any significant change with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the clinical manager and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed of all changes.</p> <p>Person centred care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family</p>
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		<p>responded by initiating changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The EPOA/whānau/family and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori Health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori Health Care Plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau.</p> <p>Some residents in the secure dementia unit had interventions that address their behavioural issues of concern. A recommendation has been made in relation to 24-hour activity plans for residents in the secure dementia unit and activities care plans for hospital level of care residents.</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 activities staff included a diversional therapist (DT) and two activities coordinators. The DT reported that the service supports community initiatives that meet the health needs and aspirations of Māori and whānau. Residents and whānau interviewed felt supported in accessing community activities such as celebrating national events, Matariki, Anzac holidays, Māori language week, local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections are suitable for the residents. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips are conducted once a week except under COVID-19 national restrictions.</p> <p>Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>



<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used for medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation is conducted by the RNs when a resident is transferred back to the service from the hospital or any external appointments.</p> <p>Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications, and supplements, allergies are indicated, and all photos were current. Eye drops in use were dated on opening and these were sighted in the medication trolleys.</p> <p>The controlled drug register was current and correct. Weekly and six-monthly stock takes had been conducted. The CM reported that controlled drugs are stored securely following requirements and checked by two staff for accuracy when being administered and records were reviewed to confirm this. Outcomes of PRN medications were consistently documented.</p> <p>The registered nurse was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms, and cupboards. Monitoring of medicine fridge and medication room temperatures is conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>There were no residents self-administering medications. There is a self-medication policy in place when required. Medications were stored securely. There were no standing orders in use. The medication policy clearly outlines that residents', including Māori residents and their whānau, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The Māori health plan in place included cultural values, beliefs and protocols around food. The cook stated that menu options are culturally specific to te ao Māori/cultural, 'boil ups', hangi, and pork were included on the menu and these are offered to Māori residents</p>

<p>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>when required. EPOA/whānau/family are welcome to bring culturally specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with the food portions and options.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>A standard transfer notification form from Te Whatu Ora – Health New Zealand Counties Manukau is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness with an expiry date of 31 May 2023. This is displayed at the entrance to the facility. Clinical equipment has current performance monitoring /calibration records were maintained.</p> <p>Oceania Healthcare are in the planning and consultation stages to provide a new facility. The BCM interviewed stated that this new build is in the early stages and the building will have its own design and uniqueness. Local Iwi have already been invited and have visited the site which is adjacent to the existing facility. Further consultation will be sought to ensure the environment will reflect the aspirations and identity of Māori.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>There is a fire evacuation plan that has been approved by Fire and Emergency New Zealand (FENZ) in place dated 5 October 2005. Fire evacuation drills occur six monthly and the last drill was held 1 June 2022.</p> <p>Appropriate security arrangements are in place. This includes security lighting in use for external and entrance areas. Staff are responsible for checking the building to ensure windows and doors are locked on the afternoon and night duty. Safety is paramount for residents, staff and families/visitors accessing the facility. Covid-19 risk screening is conducted for all visitors prior to entry. Residents and family/whanau confirmed they were satisfied with security arrangements.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A pandemic plan is in place, and this is reviewed at regular intervals. There was an infection outbreak of COVID-19 between 3 March 2022 and 29 March 2022 and a total of 39 residents were affected. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service is actively working towards including infection prevention information in te reo Māori. They are also working towards ensuring that the infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. In interviews, staff understood these requirements.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional</p>	FA	<p>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Results of the surveillance data are shared with staff during shift handovers, at monthly staff meetings. The CM reported that the GP is informed on time when a resident had an infection and appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p>

<p>surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>The service is actively working towards including ethnicity data in the surveillance of healthcare-associated infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is the aim for Franklin Rest Home. At the time of audit, no residents were using a restraint, and this has been the case since the previous audit. The clinical manager interviewed is the restraint coordinator and verified that the restraint register was up to date. The restraint coordinator reports regularly at the quality and staff meetings. Oceania Healthcare is committed to reducing the use of all forms of restraint, with zero-restraint as the organisation's ultimate objective. Services are to ensure that any restraint used is clinically justified, authorised, is appropriate and is applied in a safe environment and used as a last resort only. De-escalation strategies are to be tried or implemented in the first instance. Staff receive training in restraint management and de-escalation techniques. Safety is paramount and promoted at all times.</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	The GP completes three monthly reviews however four medication charts sampled were overdue for review. Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.	Four out of 12 medication charts reviewed were overdue for GP three monthly reviews.	<p>Ensure three monthly reviews are completed in a timely manner.</p> <p>90 days</p>

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

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

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

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

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End of the report.