

Oceania Care Company Limited - Lady Allum Rest Home and Village

Introduction

This report records the results of a Surveillance Audit; Partial Provisional 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: Lady Allum Rest Home and Village

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

Dates of audit: Start date: 12 December 2022 End date: 13 December 2022

Proposed changes to current services (if any): The partial provisional audit undertaken alongside the surveillance audit was in preparation for the addition of a 17 bed dementia care, rest home service that is capable of having 19 residents as there are two double rooms.

Total beds occupied across all premises included in the audit on the first day of the audit: 66



Executive summary of the audit




Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

The Lady Allum care suites (otherwise known as Lady Allum rest home and hospital or just Lady Allum) provide residential rest home and hospital level aged care services for up to 113 people. Residents transferred into a new three level facility from the older Lady Allum rest home and hospital building in October 2022 and a 17 bed purpose-built ground level dementia unit has now been added. A partial provisional audit of the dementia wing was undertaken concurrently with the unannounced surveillance audit in preparation for the opening of the dementia service expected around February 2023.

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

Improvements have been made to behaviour management and evaluation sections of care plans, addressing those areas identified as requiring improvement at the previous certification audit. Similarly, a certificate of public use, staff training on evacuation and security systems in the new building and increased education for the infection control coordinator have addressed the required improvements raised during the previous partial provisional audit. There were no findings for corrective action in this audit.

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.

Strategies to assist with the employment of Māori staff are being planned. A Pacific health plan, which will enable Pacific peoples to be provided with services that are culturally safe, and recognises their world views, has been developed. Staff have completed training on cultural awareness and Te Tiriti o Waitangi. There is a Māori health plan to guide staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. The service works collaboratively to support and encourage a Māori world view of health in service delivery provided.

Principles of mana motuhake practice were evidenced in service delivery. Information is communicated in a manner that enables understanding. Legal representatives were involved in the consent processes for residents. Consent is obtained where and when required.

Residents and whānau are informed about how to make a complaint. Corporate office oversees the management and analysis of complaint data. Systems are in place that will enable residents who identify as Māori to have their complaints resolved in a manner that respects their cultural norms. Complaints lodged are investigated and resolved promptly.

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

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

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

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

The service complies with statutory and regulatory reporting obligations.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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The service has developed meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required.

The planned activity programme promotes residents to maintain their links with the community and meet the health needs and aspirations of Māori and whānau

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

The food service is provided on site and special needs are catered for. Food culturally specific to te ao Māori food is provided. 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.
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The facility is new and meets the needs of current residents. New build issues are being responded to promptly as they arise. A certificate of public use for the hospital and rest home sections of the building is on display and sits alongside a certificate of public use for the new dementia service wing. The unoccupied secure dementia wing is light and spacious with easy access to the outside. External areas of the dementia wing are accessible, safe and provide shade, seating and paths to walk around.

Staff have been trained in the use of emergency equipment and supplies, and in emergency procedures. All have attended fire drills. Equipment and fittings in the dementia wing are new. Appropriate emergency supplies are available. Emergency and security systems are in place in the new wing, as is an effective call bell system.

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.

Reports on infection prevention are provided to corporate office and the governance board. An infection prevention and control coordinator oversees the infection prevention programme.

There is a pandemic and infectious disease response plan in place. There are sufficient infection prevention resources including personal protective equipment (PPE) available and readily accessible to support the 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. Infection outbreaks reported since the previous audit were managed effectively.

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.

Managers' reports, and recently reviewed organisational policy documents on restraint use, confirmed the provider's intention to strive for a restraint free environment. There were three residents using restraints at the time of audit and regular reviews of all restraint use are undertaken. Restraint use is reported through various levels up to the corporate office and the board.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	23	0	0	0	0	0
Criteria	0	110	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service recognises Māori mana motuhake by involving residents, family/whānau and the enduring power of attorney (EPOA), where applicable, in the assessment process to determine residents’ wishes and support needs. The Māori health care plan is utilised where applicable. The EPOAs, family/whānau and residents interviewed confirmed they were consulted on residents’ needs and expressed that residents’ cultural needs were being observed.</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</p>	FA	<p>Staff training records confirmed staff undertake training on Te Tiriti o Waitangi within the cultural awareness and cultural safety session of their orientation and in the annual study day they are required to attend. Oceania also organises access to higher level training on the Te Tiriti o Waitangi to staff as applicable, or according to personal preference. Residents are supported to integrate their cultural values and beliefs. There were no residents who identify as Māori at the time</p>

<p>experiences.</p>		<p>of the audit. The Māori Health plan in place is current and it outlines the principles of Te Tiriti and tikanga practice to guide care activities. Reference is made to the Te Whare Tapa Wha Māori model of health.</p> <p>Interviewed staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted to meet tangata whaikaha needs. The assessment and care planning process for Māori residents acknowledge tikanga practices. Residents expressed that staff acknowledge and respect residents' individual cultural needs.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The overall approach to care is strengths based and holistic, taking each resident's capabilities and potential into account including well-being goals for Māori. Safeguards in place to monitor systemic and institutional racism include annual satisfaction surveys completed by the residents' family/whānau and EPOAs and regular meetings with the family/whānau. The interviewed residents, family/whānau and EPOAs confirmed satisfaction with the support being provided and they expressed that residents are treated fairly</p>
	<p>FA</p>	<p>Consent was obtained as part of the admission process with admission agreements and informed consent signed by the residents and their legal representatives where applicable. Staff were observed to seek consent from residents where required. Signed consent forms were available in residents' files. Staff understood the tikanga best practice in relation to consent. Residents confirmed being provided with information and being involved in making decisions about their care. The clinical managers (CMs) 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</p>	<p>FA</p>	<p>The business and care manager of the Lady Allum care suites considers complaints as opportunities for improvement. Residents and</p>

<p>I am taken seriously and receive a timely response. 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. 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>whānau are informed about their right to make a complaint at the time of admission. Those interviewed confirmed they are able to talk to any staff about any concerns they may have.</p> <p>The complaints register showed that all complaints are acknowledged, investigated and resolved according to the requirements of the Code of Health and Disability Services Consumers' Rights (the Code). Complaints are categorised as per related risk levels and the quality manager noted that trends of complaints within Oceania are following those evident in Health and Disability Commission complaint data.</p> <p>The Code, information on the nationwide advocacy services and on details on how to make a complaint are available in te reo Māori. According to the business and care manager, additional consultation would be made if a person who identified as Māori, or whānau, lodged a complaint. This might include involving whānau, working collectively with iwi if applicable or accessing a translator to enable the person to express themselves in te reo if the person wanted that.</p> <p>Three complaints have been received by external services since the last audit. Two of these were resolved with assistance from advocacy services. One other received via the Health and Disability Commission was responded to by the organisation as requested in March 2022. To date, there has been no further correspondence received from the Health and Disability Commission.</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. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Lady Allum care suites are managed under the umbrella of Oceania Healthcare, a leading aged care provider in New Zealand, which has its own corporate office and governance board.</p> <p>The national quality compliance and audit manager stated the board is currently working on an update to their strategic and business plan. Regular reporting from Lady Allum care suites to the regional managers and to the board demonstrate the organisation's leadership and commitment to quality and risk management. A sample of reports to the board showed adequate information to monitor performance is reported and this was confirmed by the national quality compliance and audit manager.</p>

		<p>The governing body is using expertise from a Māori consultancy to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have had access to cultural and te reo training and also had opportunities to upskill in Te Tiriti via other community roles and employment. A new Māori and Pacific Peoples' Health Policy and Oceania Māori Health Plan 2022 – 2025 have been developed. The corporate office team is now working at planning and implementing systems that will enable them to know that outcomes have been improved and/or equity achieved for Māori. Use of Enabling Good Lives and aged care good practice frameworks is ensuring Oceania is achieving equity for tāngata whaikaha people with disabilities.</p> <p>In addition to feedback through resident meetings, a new programme that increases opportunities for people receiving services and whānau to participate in the planning, implementation, monitoring, and evaluation of service delivery is just being implemented. Progress reports confirmed Oceania is commencing this via the activities programme.</p> <p>The organisation has had a clinical governance committee for approximately two years, and how it functions is currently being reviewed.</p> <p>Oceania appoints a suitably qualified business and care manager for each facility. The Lady Allum care suites business and care manager holds relevant post graduate nursing and business management qualifications, has over 30 years of management experience and been in the role for over six years. This person confirmed knowledge of the sector, regulatory and reporting requirements and is maintaining currency through attending Oceania management conferences and seminars, the Aged Care Association briefs, and meetings with other aged care facility managers.</p> <p>The Lady Allum facility has 113 rooms, ninety-six of which are care suites for rest home or hospital care, and 17 are ensuite rooms for dementia care that have not yet been occupied. Sixty-seven of the care suites are double rooms and 29 are single; therefore, Lady Allum can provide rest home or hospital level care for up to 168 people. Two of the 17 rooms in the dementia wing are also double rooms. The dementia service rooms are not referred to as care suites and the</p>
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		<p>residents will not be required to have an occupation right agreement.</p> <p>Lady Allum currently holds contracts with Te Whatu Ora to provide residential rest home and hospital services, including respite care under the aged related residential care agreement. On the day of audit, 28 residents were receiving rest home care and 38 hospital care. One person receiving hospital level care is on a long-term chronic conditions contract. This surveillance and partial provisional audit confirmed the new dementia service wing is suitable for rest home care – dementia and that a suitable governance and management system is in place to underpin such services.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Organisational policies and procedure provide guidance on the implementation of the quality and risk management system. In addition to the quality cycle, there are terms of reference for clinical governance, a quality improvement policy, a health and safety policy, critical incident accident sentinel event policy and risk management. The planned quality and risk system reflects the principles of continuous quality improvement.</p> <p>The business and care manager and the clinical manager coordinate monthly staff meetings that include infection control, health and safety, internal audits, corrective actions, any compliments, complaints or concerns, summaries of resident meetings/feedback, policy updates, a range of clinical indicators and incident report follow-ups. Relevant corrective actions are developed and implemented to address any shortfalls identified in the various monitoring processes. Results of a recent staff survey on organisational staff culture were released during the audit with no significant concerns evident. Resident and whānau surveys for 2022 have recently been distributed; however, suggestions and discontent from a survey undertaken October 2021 have mostly been resolved with the transfer to the new building, the provision of on-site personal laundry services and a change of menu.</p> <p>Heads of departments within the facility, including clinical, food, health and safety, activities and housekeeping meet for a communications meeting every two months. These have a focus on quality outcomes.</p>

		<p>Quality improvement processes for 2022 have primarily targeted varying aspects of the new build and implementation of strategies to ensure the requirements of the new health and disability services standard, Ngā Paerewa are being met. Residents meet quarterly and minutes show suggestions and concerns are raised in this feedback platform, and these are taken seriously</p> <p>The business and care manager, the regional manager and the national quality, compliance and audit manager described the processes for the identification, documentation, monitoring, review and reporting of risks and development of mitigation strategies. Health and safety risks, reviews and reporting are updated by the guest service manager who has completed relevant training. During interviews, staff were affirming of the efficiency of the health and safety system at Lady Allum. The facility is an accredited Accident Compensation Corporation provider. Incidents and accidents are being recorded, risks are identified and strategies to prevent recurrences, and improve monitoring of risks, are implemented.</p> <p>Essential notification reporting requirements are being met with examples provided in relation to a registered nurse shortage August 2021, pressure areas and a COVID-19 outbreak.</p> <p>Strategies that will assist service providers such as the Lady Allum care suites to know they have delivered quality health care for Māori are being developed by the governance team at the Oceania corporate office.</p> <p>The national quality, compliance and audit manager described how critical analysis of organisational practices to improve health equity is already occurring; although the corporate office is always considering ways to improve this.</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved</p>	<p>FA</p>	<p>There is a documented and implemented Oceania-specific process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days each week.</p> <p>A review of the current and previous three weeks of roster and interview with the business and care manager and roster manager</p>

<p>through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>confirmed that the documented process is being fulfilled and there was no evidence of any shift not having been filled. Rosters are developed according to the different levels of the facility with a registered nurse on each of the three levels and a minimum of two healthcare assistants on duty at any one time on each level. Additional staff have been employed as the number of residents has increased. Bureau nurses, although seldom required, are used when necessary and registered nurses share an on-call roster. The business and care manager is also on call 24 hours over seven days a week. Other ancillary staff are available including, for example, a guest services coordinator, a physiotherapist, three diversional therapists, an activities coordinator, a driver, a maintenance person, cleaning and laundry staff and kitchen staff.</p> <p>A roster for the current building clearly signifies that there is at least one person on each level that is a trained first aider. Similarly, all staff with a current medicine administration competency are identifiable on the roster. All registered nurses are required to have a current first aid certificate, as are the diversional therapists/activity coordinators, the driver, the maintenance person. Some healthcare assistants and kitchen staff also have this qualification. All registered nurses have current competency in interRAI.</p> <p>The business and care manager described plans for staffing the new dementia wing. A new registered nurse with extensive dementia care experience will support healthcare assistants in the dementia service. Healthcare assistants with their level four certificate in health and wellbeing (dementia) have been offered the opportunity to work in the new dementia service and the business and care manager informed that although there are no plans to open until around February 2023, there are already enough staff, including ancillary staff, to fulfil the initial already planned roster, which will start with skeleton staff until resident numbers increase. Recruitment and employment of new staff for all services is ongoing.</p> <p>Study days for different categories of staff are held each year, including a full study day for all registered nurses, and healthcare assistants, and half day study time for all other staff. These sessions include mandatory and other training topics. Healthcare assistants are actively encouraged to undertake national certificates and applicable</p>
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		<p>external training opportunities, including on-line, are available to all staff. Staff confirmed during interview that the training on Te Tiriti o Waitangi and cultural awareness included information about health equity.</p> <p>A regional manager and the national quality, compliance and audit manager described the newly implemented electronic system that is collecting and enabling the sharing of Māori health information.</p> <p>Support systems to promote health care and support worker wellbeing and a positive work environment are in place with opportunities to access RAISE (for counselling) as they choose and the manager having an open-door policy. The manager described examples of individual considerations for staff when they have met personal or family challenges. Staff have access to discount at specific retail outlets. Results of a recent Oceania staff survey on organisational and facility level staff culture have just been released and the national quality, compliance and audit manager noted the results may give the management team some further direction for staff support.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting, validation of qualifications, the legal right to work in New Zealand, and practising certificates (APCs) where required. Job descriptions describe the relevant role and responsibilities, these are appended to the employment contract. All health professionals who support residents in the Lady Allum care suites have a current annual practising certificate. The electronic system ensures alerts are given when these are expiring. Reports can be generated to show expiry dates. On review these were found to all be up to date.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed three months into employment and annually thereafter. Staff files viewed are overall accurate, relevant, held securely and confidentiality is maintained in line with health information standards. Some staff files viewed were from many years</p>

		<p>back and had some key recruitment documents missing; however, all those for staff more recently employed confirmed that good recruitment and employment practices are in place. Managers described the electronic system for recording the staff ethnicity that has been developed by Oceania's central human resource management personnel. This information is held centrally by corporate office, is not maintained on site and is password protected.</p> <p>Staff orientation includes an employee role specific resource pack and orientation manual, which includes all necessary components relevant to the role. Cultural training has been extended as part of the orientation pack. Staff records reviewed showed documentation of completed orientation and a performance review after a year. Performance reviews are completed annually thereafter and copies of these were in staff files reviewed. Staff confirmed they were comfortable with the induction and new staff orientation process and informed that if additional time is requested or needed, then this is always granted by the business and care manager.</p> <p>The business and care manager and clinical manager confirmed that staff are interviewed following any incidents, especially if they are of a concerning nature and may require neurological observations or hospital follow-up for example. Additional support may be requested from RAISE counselling services if indicated. Staff have been granted time off when indicated. Staff informed they feel well supported by their colleagues, the registered nurses, both clinical managers, the business and care manager and the company overall.</p> <p>All Oceania staff recruitment, data collection, orientation and performance review processes will be maintained for those working in the prospective new dementia service.</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>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 electronically. Routine analysis of entry and decline rates including specific rates for Māori has been implemented through the cooperate office and this is being rolled down to individual</p>

<p>care. 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>sites. Support for Māori residents and whānau can be accessed if required. The organisation has identified people at senior management level who identify as Māori to support with consultation with Māori communities and organisations through their Iwi when required. Residents are supported to access complimentary/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. Assessment tools that include consideration of residents' lived experiences, oral health, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. Cultural guidelines are used to ensure tikanga and kaupapa Māori perspectives permeate the assessment process. Residents and family/whānau or EPOA where appropriate, were involved in the assessment and care planning processes.</p> <p>All residents' files sampled had current interRAI assessments completed and the relevant outcome scores have supported care plan goals and interventions. The care plans sampled reflected identified residents' strengths, goals and aspirations aligned with their values and beliefs. Strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. Any family/whānau goals and aspirations identified were documented in the care plans. Residents are supported to access traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia if desired. Staff confirmed they understood the process to support residents and whānau.</p> <p>The Māori health care plan in use include Māori healing methodologies, such as karakia, mirimiri and rongoā. Resident's</p>

	<p>preferred cultural customs, values and beliefs are assessed using Te Whare Tapa Wha model of care where applicable. The care planning process support residents who identify as Māori and whānau to identify their own pae ora. The interviewed staff understood the process to support residents and whānau as required. Barriers that prevent tāngata whaikaha and whānau from accessing information and ensuring equity in service provision are acknowledged in the Māori health plan and the CMs reported that these will be eliminated as required by ensuring information is accessible.</p> <p>Medical assessments were completed by the GP 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.</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 GP. Records of referrals made to the GP and timely referrals to relevant specialist services as indicated were evidenced in the residents' files sampled. The GP expressed satisfaction with the care provided and communication from the nursing team.</p> <p>Residents' care was evaluated on each shift in the progress notes by the healthcare assistants. 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</p>
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		involvement in evaluation of progress and any resulting changes.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities on the programme support community initiatives that meet the health needs and aspirations of Māori and family/whānau. Opportunities for Māori to participate in te ao Māori include celebration of Waitangi Day and Matariki with Māori art activities. The Māori language week was celebrated with Māori music played. Multicultural days are observed with all cultures for residents and staff celebrated. Residents are taken out for outings into the community by their family/whānau and family can visit the residents in the facility. Staff were observed greeting residents in te reo. Residents' family/whānau expressed satisfaction with the activities programme.</p> <p>Partial Provisional</p> <p>The DT's stated that activities for residents in the secure dementia unit would be specific to the needs and abilities of the people living with dementia. There is free access to the secure garden. Planned activities for residents in the dementia unit includes one-on-one short walks in the secure garden, hand and foot massage, nail care, van outings, colouring, arts, and crafts. The DT's reported that the activities would be flexible and can be changed to meet the needs of the residents as required. A 24-hour activity plan template was available to be utilised for residents in the new dementia unit when applicable. Appropriate resources are already available for the activities programme in the new dementia unit and the designated storage area and supplies were sighted. The three DT's will cover the activities for the residents in the new dementia unit.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to</p>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication</p>

<p>access appropriate medication and blood products. 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>management system is used. The RNs were observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicines were prescribed by the GP and over the counter medication and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders are not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. All medicines in the medication rooms and trolleys checked were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range. Each floor has a medication room and medicine fridge. Heat pump/air conditioning is in each medication room to ensure an ambient temperature is maintained.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support, and advice for treatment for Māori would</p>
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		<p>be provided.</p> <p>There were residents who were self-administering medications at the time of audit. Appropriate processes were in place to manage this in a safe manner and staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p> <p>Partial Provisional audit</p> <p>The new secure dementia unit's medicine would be stored in the medication room in the dementia unit. The medication room has a pump/air conditioning to ensure an ambient temperature is maintained. The CMs stated that medication competent staff would administer medications from the trolley in the dementia unit. The current policies and procedures will continue to be used.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>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>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. Approval for the menu in use was current and was last reviewed by organisational dietitian on 13 September 2022. The current food control plan expires on 28 March 2023.</p> <p>The Māori health plan in place included cultural values, beliefs and protocols around food. Culturally specific to te ao Māori food on the menu include pork, fried bread and kia moana chowder. The cook stated that when requested by residents, specific food options for Māori will be catered for. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with the food options.</p> <p>Partial Provisional Audit</p> <p>The new secure dementia unit has its own dining room with adequate tables and chairs. All the meals for the new dementia unit will be provided from the main kitchen, using the existing menu and food control plan. The food will be transported by hot boxes from the main kitchen to the dementia unit. Snacks will be available for residents in</p>

		the dementia unit on a 24-hourly basis.
<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 residents' family/whānau and EPOAs. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. 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.</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>A certificate of public use for the rest home and hospital building dated 26 August 2022 is on display and meets an improvement raised as a requirement at the previous partial provisional audit. The dementia unit certificate of public use was issued 14 October 2022.</p> <p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are suitable for people with dementia and that all legislative requirements are met. There are 17 residents' rooms, all with their own ensuite, an external glass door and an openable window. Fifteen of these are 24.79 square metres in size. An additional toilet is available near a lounge area. Bathrooms have security locks that can be opened from the outside should this be necessary. Two residents' rooms are larger in size (40.90 square metres) and suitable for couples. There is a communal dining with a small kitchen off it and a separate lounge as well as several smaller sitting areas. Heat pumps are installed throughout the building.</p> <p>The maintenance person will oversee the planned maintenance schedule in the dementia service, as they currently do for the rest home and hospital wings. All equipment is new and hot water temperatures were checked by the council inspectors at the time the certificate of public use was issued. All residents' areas have been</p>

		<p>decorated with Māori cultural and kiwiana influences with artwork, or its positioning for example, chosen by current residents in other areas of the building. A safe, sheltered and accessible landscaped area with concrete pathways will enable residents with dementia to mobilise around safely. Residents' rooms open onto small patios and lawns where there is a variety of planting, fencing, walls and a water feature.</p> <p>Oceania corporate staff, regional managers and the facility business and care manager are aware of the need to consult and co-design buildings and the surrounds to reflect the aspirations and identity of Māori. The business and care manager informed that in addition to identifying as Māori and being involved in the design of this dementia facility, a Māori person from the local council was consulted, as were some members of the local Milford community. Local iwi were approached but declined involvement.</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>The fire evacuation plan was approved by the New Zealand Fire Service 12 July 2022. Fire safety, disaster/emergency management and civil defence plans, policies and procedures are available. Emergency flip charts describe the required staff responses. Staff were familiar with these, and records sighted confirmed all staff have been trained and knew what to do in the event of different types of emergencies. This addresses a corrective action raised during the partial provisional audit for the new facility. Records sighted confirmed staff have also participated in several trial evacuations that have been organised both before and since moving into the new building.</p> <p>Records reviewed confirmed all registered nurses, senior caregivers, activities staff, the bus driver, the maintenance person and several kitchen staff have a current first aid certificate. Every shift has one or more staff with a first aid certificate on duty.</p> <p>A call bell system is installed in the dementia wing and escalates via pagers to the business and care manager, the regional clinical manager and ultimately the clinical director if not responded to in a timely manner. A sensor system sets the ensuite light off when a person gets up from their bed and if not out of the ensuite within four minutes the bedroom light will go on. Monitors are in the nurses'</p>

		<p>station and outside of each person's room.</p> <p>Appropriate civil defence emergency supplies are available for use in the event of an emergency. Adequate food supplies and tank water are stored and there is a plug suitable for a generator (contracted via Oceania as needed) installed into the facility.</p> <p>Appropriate security arrangements are in place and current residents informed they feel safe. Exit doors are alarmed. Front doors are open 10am to 4pm and all visitors entering the service are required to sign in. The dementia service is a locked wing with swipe card entry. A lobby with a surveillance camera between two doors assists with security in the dementia wing. The business and care manager explained that security information is provided on entry to the service and is otherwise given individually in response to questions or enquiries. This will continue for new residents moving into the dementia service and their whānau.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the general manager, nursing and 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, which are currently under review, are signed off at this level and subsequently approved by the board of governance. The infection prevention 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 Te Whatu Ora infection control officers and experts from the local public health unit accessed when required. Oceania has worked at getting its own lead/clinical infection prevention and control expert to support the clinical governance team and this person is now acting as</p>

		<p>an infection prevention and control advisor.</p> <p>The national infection control committee for Oceania is comprised of all infection control coordinators and it is their role to pass information through to facility clinical managers and to facility staff. A documented pathway within the clinical quality report supports reporting of progress, issues and significant infection events to the governing body. Infection related electronic recording systems have been upgraded to reflect the requirements of Ngā Paerewa. Data, graphs and trending, which is inclusive of ethnicity data can now be extracted at facility level.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the Covid-19 outbreak. 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 policies, systems, and processes to manage my risk of infection. 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. 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>FA</p>	<p>The CM is the appointed infection control coordinator who oversees and coordinates the implementation of the (IP) programme at the service level. The infection control committee is led by the general manager, nursing and clinical strategy at the corporate office level working in conjunction with the regional clinical 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 control coordinator (IFC) has completed external education on infection prevention and control in October 2022. They have access to shared clinical records and diagnostic results of residents. The pandemic and infectious disease outbreak management plan in place is reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) was available. The IP resources were readily accessible to support the pandemic response plan if required. The infection prevention programme was last reviewed on 28 July 2022. The previous provisional audit shortfall (NZS8134:2021 Criterion 5.2.1) in relation to the provision of education or a qualification in infection prevention and control, specifically for infection prevention and control coordinator has been</p>

		<p>resolved.</p> <p>The advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of the new building and policies. Oceania has identified Māori persons to be involved in committees or support with advice on areas such as infection control at the organisational level. In interviews, staff understood these requirements. Oceania are working through the process to ensure te reo Māori appropriate infection prevention and control information is available.</p> <p>Partial Provisional</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. The same policies will be used in the new dementia unit.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>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 monthly analysis of data includes antibiotic usage. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use undertaken at a national level. A new AMS audit tool has been implemented. The current AMS programme will apply to the secure dementia unit.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored and reviewed monthly and quarterly with reports sent to the regional</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>clinical manager. 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, and action advised where required. 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 COVID-19 infection outbreaks reported since the previous audit that were managed effectively with appropriate notification completed. The current surveillance system will be utilised in the new secure dementia unit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>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 rooms. 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 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</p>

		<p>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.</p> <p>Residents' personal laundry services is completed onsite and linen laundry is completed offsite. There is a designated area for clean laundry and a separate area for dirty linen. The effectiveness of laundry processes is monitored by the internal audit programme.</p> <p>Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</p> <p>The new secure dementia unit will use the same cleaning and laundry facilities and staff. Cleaning and laundry chemicals will continue to be stored in the existing secure chemical storage areas.</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>Policy and procedures regarding restraint use have been reviewed within the past 12 months and are now signed off by the governance board. These are aimed at the ongoing reduction and elimination of restraint use, with zero restraint use in Oceania's facilities being the ultimate goal. At the time of audit, three residents in the Lady Allum care suites were using chair briefs as a form of restraint. Individual restraint use is reviewed every two months by the registered nurses, the GP and family/whānau. The business and care manager informed there is no intention to have any restraints used in the new rest home dementia service and should this be indicated then the person will be reassessed for suitability of placement.</p> <p>The clinical manager is the designated restraint coordinator and fulfils their role according to a documented role description. Staff receive ongoing education on safe use of restraints, least restrictive practices and alternatives to restraint.</p> <p>Two monthly restraint committee meetings report into the facility's quality and risk meetings. Restraint reports are included in the monthly clinical indicator data sent to the corporate office.</p> <p>Organisation-wide quarterly restraint reports comprised of the analysis of the types of restraint used, number in use and ethnicity data, for example, are included in organisational clinical quality reports. These</p>

		<p>are provided to the governance board by the group general manager, clinical and care services/clinical director (corporate). Annual national restraint meetings of restraint coordinators from all Oceania facilities are a platform for the discussion of restraint use and strategies to reduce its use.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.