

# Oceania Care Company Limited - Victoria Place Rest Home/Hospital and Dementia Care

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Victoria Place Rest Home/Hospital and Dementia Care

**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: 21 March 2023 End date: 22 March 2023

**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:** 50



# 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

Victoria Place Rest Home and Hospital provides rest home, hospital, and dementia level care for up to 51 residents. The facility is operated by Oceania Healthcare Limited and is managed by a business and care manager (BCM) and supported by a clinical manager (CM). Residents and families reported satisfaction with the care provided.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards and the provider's contract with Te Whatu Ora (Waikato). This audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, the quality compliance manager, and a nurse practitioner.

There were no areas requiring improvement identified at this audit.

## Ō tatou motika | Our rights

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| 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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Victoria Place Rest Home and Hospital provides an environment that supports residents' rights and care safe from abuse and neglect. Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. There are pamphlets on the Code of Health and Disability Services Consumers' Rights in the reception area. The Code of Health and Disability Services Consumers' Rights posters are displayed in the hallways.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Care plans accommodate the choices of residents and/or their families/whānau. Open communication between staff, residents, and families is promoted and confirmed to be effective. There is access to interpreting services if required. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status.

Complaints lodged are investigated and resolved promptly.

## Hunga mahi me te hanganga | Workforce and structure

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| 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 business and care manager assumes accountability for delivering a high-quality service. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the facility 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.

Adverse events are documented with corrective actions implemented. 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.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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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Victoria Place Rest and Hospital has a system to capture the entry and decline information. The clinical manager (CM) in conjunction with the business care manager (BCM) manages the entry to service. Information is provided to residents and their whānau on entry to the service, and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required.

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and these are completed within the required timeframes. The nurse practitioner (NP) completes a medical assessment on admission, and reviews occur three monthly. Long-term care plans are developed and implemented within the required timeframes. Our review of residents' files demonstrated evaluations were completed at least six-monthly.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

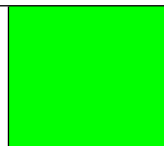
The activity programme is managed by a diversional therapist and an activities coordinator. The programme provides residents with various individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. The service has a current food control plan. The organisation's dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and families confirmed satisfaction with the meals provided.

Transition, exit, discharge, or transfer are managed in a planned and coordinated manner.

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

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



Subsections applicable to this service fully attained.

The service meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities. Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The infection prevention control nurse (IPC nurse) is supported in this role by the clinical manager. The IPC nurse has completed formal IPC training. The IPC committee is supported by representation from all areas of the service. The IPC team has access to a range of resources. Education is provided to staff at induction to the service and annually after that, planned on the yearly education planner. Internal audits are completed with corrective actions completed where required. Policies and procedures are implemented around antimicrobial stewardship, and data is collated and analysed monthly.

There is a comprehensive pandemic plan.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends, and the information is used to identify improvement opportunities. Staff are informed about infection control practices through meetings and education sessions.

Documented processes for managing waste and hazardous substances are in place. Dedicated housekeeping staff provide all cleaning.

Documented policies and procedures for the cleaning and onsite laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services



## 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 was one resident using a restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection        | 0                           | 29                  | 0  | 0                                    | 0  | 0                                      | 0  |
| Criteria          | 0                           | 174                 | 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

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

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

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

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

| Subsection with desired outcome  | Attainment Rating | Audit Evidence  |
|--|-------------------|---|
| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | <p>FA</p>         | <p>Victoria Place Rest Home and hospital (Victoria Place) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from external cultural advisers. Victoria Place has a strong relationship with local iwi Raukawa, kaumatua and Raukawa Charitable Trust. The Māori health plan is available and implemented for residents who identify as Māori. The facility has 13 residents and nine staff that identify as Māori. Up until recently a resident was involved in supporting residents and staff with karakia and blessings and was very active with supporting Māori culture within the facility.</p> <p>The BCM stated that 48 percent of Tokoroa’s community is Māori. The BCM confirmed the facility will continue to employ staff representative of the residents and the community and Māori applying</p> |

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|   |    | for job vacancies (when they arise) would be employed if appropriate for the applied role, thereby ensuring the number of Māori staff reflect the percentage of people in the local community who identify as Māori.   |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>Victoria Place identifies and works in partnership with an external cultural consultant company to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service. At the time of audit, there was one resident and five staff that identified as Pasifika. The organisation is preparing to collaborate with the Pacific community and develop a more specific Pacific plan, which will be released for implementation in all its services. The BCM interviewed stated that 20 percent of Tokoroa's population is Pasifika. Victoria Place is currently connecting and building a relationship with the local Pacific community to help support their residents and staff. In the interim staff that identify as Pasifika and have strong links to the Pacific community are supporting residents and care planning.</p>   |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>  | FA | <p>Details relating to the Code are included in the information provided to new residents and their families/whānau. The registered nurse discusses aspects of the Code with residents and their families/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the bi-monthly resident/family meetings. Residents and family/whānau interviewed reported the service upholds the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and resident advocacy is available in the facility's hallway and in the entry pack provided to residents and their families/whānau. There are links to spiritual support and links with a local iwi. The service recognizes Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Church services are held weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers'</p> |

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|   |    | Rights (the Code) at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.  |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | FA | <p>Healthcare assistants (HCA) interviewed described how they support residents in choosing what they want to do. Residents interviewed stated they had a choice. Residents are supported to decide whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have choice and control over activities they participate in.</p> <p>The Victoria Place annual training plan demonstrated training that is responsive to the diverse needs of people across the service. The service promotes holistic and collective care by educating staff about te āo Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with residents and families.</p> <p>There are no double or shared rooms.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were optimistic about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged.</p> <p>Residents' files and care plans identified residents' preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with the correct pronunciation. Te reo resources are available on the education platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and Tikanga Māori.</p> |

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| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.<br/> Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.<br/> As service providers: We ensure the people using our services are safe and protected from abuse.</p>   | <p>FA</p> | <p>An abuse and neglect policy is in place. All staff are held responsible for creating a positive, inclusive and safe working environment. Cultural diversity is acknowledged, and staff are educated about cultural diversity.</p> <p>Training on identifying abuse and neglect is completed at orientation and annually as per the training plan. Staff are educated on how to value older people, showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Interviews with healthcare assistants and registered staff confirmed their understanding of professional boundaries, including the boundaries of their roles and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognized and implemented in the workplace as part of staff well-being and to improve outcomes for Māori staff and Māori residents. Staff interviewed stated they are treated fairly and with respect and feel comfortable talking to management if they have any concerns.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.<br/> Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.<br/> As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p> | <p>FA</p> | <p>Information is provided to residents and family/whānau on admission. Bi-monthly resident meetings identify feedback from residents and consequent follow-up by the service.</p> <p>Policies and procedures relating to incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any incident that occurs. This is documented in the progress notes. Five incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>Interpreter services are used where indicated.</p> <p>The service communicates with other agencies involved with the resident, such as the hospice and Te Whatu Ora Waikato specialist services (e.g., dietitian, speech and language therapist, geriatric nurse specialist, older adult mental health and wound nurse specialist). Care delivery includes a multidisciplinary team, and residents and family/whānau provide consent and communication regarding the</p>  |

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|  |    | <p>services involved. The RN described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion if required.</p> <p>Residents and family/whānau interviewed confirmed they knew what was happening within the facility and felt informed regarding events or changes related to Covid-19 through emails, regular newsletters, and resident meetings.</p>   |
| <p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | FA | <p>There are policies around informed consent. Eight resident files reviewed included signed general consent forms. Other consent forms included vaccinations and van outings. Residents and family/whānau interviewed described what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans were in place. The service follows relevant best practice Tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and the planning of the resident's care. Admission agreements had been signed and sighted in all the files reviewed. Evidence of enduring power of attorney (EPOAs) documents were sighted in resident files where appropriate.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>   | FA | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Complaint forms and advocacy pamphlets are provided at the main entrance to the facility. The resident information folder has advocate details including a website that directs readers to the health and disability website where information is provided in six different languages including Māori. The code of rights is available in te reo Māori.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigations. Residents and families interviewed understood their right to make a complaint and felt comfortable to do so if needed. The complaints management system has not been</p>                      |

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|  | <p>formally evaluated to ensure this works effectively for Māori. The BCM expressed that additional support would be made if a person who identified as Māori lodged a complaint.</p> <p>There has been one internal complaint since the previous audit. This complaint was from a concerned family member about care provided to their loved one when the facility was closed due to a Covid-19 outbreak. This complaint was managed by the Oceania's People and Culture (HR) team with support of the business and care manager in a timely manner with evidence showing the complainant was happy with the outcome.</p> <p>There have been two Health and Disability Commissioner (HDC) complaints. The first complaint was from a family member and was received in December 2020 and related to a lack of communication and delay in medical response for a resident who was admitted to Victoria Place. On the same day of admission, the resident had a fall, was admitted to hospital and while in hospital passed away. The facility responded to the HDC complaint on the 15 December 2020 and again in May 2022 following a further request for information from the HDC. At the time of audit this complaint remained open and was awaiting a response from the HDC.</p> <p>The second complaint was received from the HDC on the 13 January 2021 and related to a family member's complaint where a resident had been admitted to Victoria Place, became unwell, was admitted to hospital, and passed away within 24 hours of their admission to Victoria Place. The complaint related to concerns regarding the withholding of medication and the care provided by the registered staff rostered on at the time. The facility responded to the HDC complaint on the 4 February 2021. The complaint was closed by the HDC on the 8 April 2022.</p> <p>As a result of the above two complaints, Oceania has implemented the following interventions throughout their service.</p> <ul style="list-style-type: none"> <li>- An internal audit that highlighted further education for staff and was provided around post falls and neurological assessments.</li> <li>- Annual healthcare assistant study days.</li> </ul> |
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|   |           | <ul style="list-style-type: none"> <li>- Registered nurse professional study days.</li> <li>- The STOP and WATCH tool.</li> <li>- A restructure of Oceania’s clinical team.</li> <li>- A clinical excellence strategy has been introduced which supports the development of clinical skills to exceed accepted standards of practice.</li> <li>- Trend analysis is completed regularly to address any common themes identified.</li> <li>- Regular monthly reporting to the board now occurs.</li> <li>- Review of related policies.</li> <li>- The introduction of e-Case – an electronic resident information management system.</li> </ul> <p>Additionally, as a result of the complaints, admissions now only occur on a Monday and Wednesday. A nurse practitioner has been appointed, who visits, attends and supports residents on Tuesdays and Thursdays each week.</p> <p>There have no complaints received from Te Whatu Ora Waikato or Ministry of Health (MoH) since the last audit.</p> |
| <p><b>Subsection 2.1: Governance</b></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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | <p>FA</p> | <p>The national quality compliance and audit manager stated that the board is currently working on an update to their strategic and business plan. Regular reporting from Victoria Place to the regional managers and to the board demonstrated 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</p>  |



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|  | <p>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 team is now working at planning and implementing systems that will enable them to ascertain 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. Victoria Place's business plan and goals identified barriers for equitable access to services for Māori and Pasifika and this has been evaluated. Interviews with residents and families confirmed that they are very happy with the cultural aspects of care and support provided.</p> <p>The organisation has had a clinical governance committee for approximately two years, and how it functions is currently being reviewed.</p> <p>The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. The BCM attends all staff meetings. A sample of meeting minutes showed adequate information to monitor performance including clinical and quality aspects. The BCM works Monday to Friday and is on call after hours for non-clinical matters and supporting the clinical manager. There are six registered nurses including the clinical manager who hold current practicing certificates and are experienced in aged care. Of those six registered staff, five RN's and the clinical manager are interRAI trained. The BCM and CM have attended cultural safety training specific to Te Tiriti o Waitangi and equity.</p> <p>There were 50 residents residing at Victoria Place at the time of audit. The service holds contracts with Te Whatu Ora (Waikato) for rest home, hospital and dementia level of care under the Aged Residential Care Contract and Long-Term Chronic Health Conditions (LTCH), and with the Ministry of Health (MoH) Disability Support Services. Victoria Place supports 44 dual purpose rest home and hospital level care</p> |
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|  |           | <p>beds. The dementia unit has seven beds.</p> <p>Of the 50 residents, 18 residents were assessed as requiring rest home level care, 25 residents were assessed as requiring hospital level care and seven residents assessed as requiring dementia level of care. Two residents were admitted under the MOH Disability Support services contract - one resident requiring support in the dementia unit and one resident requiring support under hospital level care. One resident was admitted with the support of an ACC contract assessed as requiring hospital level care.</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>Oceania Healthcare has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, regular resident, and staff satisfaction surveys, monitoring of outcomes, policies and procedures, and clinical incidents including infections. Residents, whānau and staff contribute to quality improvement which occurs through regular meetings. The BCM is responsible for implementation of the quality and risk system with the assistance of the registered nurses.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. There are a range of internal audits that are completed according to an annual schedule, with corrective actions being developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The resident satisfaction survey in November 2022, which had 29 respondents, acknowledged overall that residents were satisfied with the care and services provided.</p> |

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|  |           | <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Staff are advised of quality and risk information via the staff meetings and at handover of shifts. Meeting minutes showed evidence of good discussions regarding infection prevention, training topics, hazards, incidents, policy and procedure changes.</p> <p>Victoria Place's business plan and goals identified barriers for equitable access to services for Māori and Pasifika and this has been evaluated. Interviews with residents and families confirmed that they are very happy with the cultural aspects of care and support provided.</p> <p>There has been a total of four section 31 notifications. These relate to registered nurse shortage and two non-facility acquired pressure injures.</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.<br/>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.<br/>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>FA</p> | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The business and care manager (BCM) and clinical manager (CM) work Monday to Friday 8.30 am to 4.00 pm. A registered nurse is rostered on each shift. There are five care staff who work 7.00 am to 3.00 pm who are supported by a sixth health care assistant who works from 7.00 am to 1.00 pm. Five (5) care staff work from 3.00 pm to 11.00 pm with a supporting health care assistant who works from 3.00 pm to 7.00 pm. The night registered nurse is supported by two care staff who work from 11.00 pm to 7.00 am. The night care staff have</p> |

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|  |  | <p>level four career force training and are medication competent.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. In total there are 13 care staff who have obtained training in level four, four staff with level three and five staff having completed their level two qualifications. Fourteen (14) staff have completed their dementia level papers with a further four staff enrolled.</p> <p>The onsite kitchen is supported by a kitchen manager, two cooks whom between them work Monday to Sunday 7.00 am – 4.30 pm. There are a total of 11 household staff that have dual roles that relate to the kitchen, laundry, and cleaning. There are two kitchen assistants who work Monday to Sunday 7.30 am – 3.00 pm and 12.00pm – 7.30 pm. A laundry staff member who works Monday to Sunday from 8.00 am – 2.00 pm and two cleaners who work Monday to Sunday 8.00 am – 2.00 pm and 9.00 am – 12.00 pm.</p> <p>The team is supported by a maintenance person who works Monday to Thursday 7.00 am – 3.00 pm and an administrator who works Monday to Friday 7.30 am – 4.00 pm. The reception is covered on a Saturday and Sunday from 9.00 am – 4.30 pm.</p> <p>The clinical manager and five registered nurses are interRAI trained.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Oceania provides full one-day training which occurs every two months ensuring all care staff have had the opportunity to complete their training requirements for the year.</p> <p>At the time of audit, household staff were receiving updated training in chemical safety as Victoria Place has changed providers and</p> |
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|  |    | <p>implemented new equipment, processes, chemicals and supporting information. All household staff have completed training in food hygiene.</p> <p>Staff have attended a 'cultural awareness workshop' facilitated by a Treaty and historical research advisor from the Raukawa Charitable trust.</p> <p>Staff reported feeling well-supported and safe in the workplace. Toolbox talks and staff bulletin information provides information for staff around physical, mental, and environmental well-being and the importance of being fit for work. Information has also been provided regarding bullying in the workplace, winter wellness, hazards, personal boundaries, accidents, health and safety, the flu vaccine and how best to keep yourself well. Staff have access to the employee assistant programme and contact details were provided on the staff information board.</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> | FA | <p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There were job descriptions available. Records of professional qualifications were on file. Annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised, and staff confirmed their usefulness and felt well supported. Staff performance is reviewed and discussed at regular intervals. Staff interviewed confirmed they felt well supported especially in relation to the national COVID -19 pandemic. Any incidents are discussed, and all staff are encouraged to contribute. Training in falls management, care escalation and health deterioration has occurred for all staff. At an organisation level Oceania, and at a local level, Victoria Place, are collecting and recording staff's ethnicity.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively</p>  | FA | <p>There is a Storage and Security of Health Records policy. Resident files and the information associated with residents and staff are</p>   |

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| <p>and in accordance with my wishes.<br/> Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.<br/> As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>   |           | <p>retained and archived on-site. Electronic information is regularly backed-up and is password protected.</p> <p>There is a Privacy and Confidentiality policy for health information requests.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's record. An initial care plan is also developed in this time. Residents' personal information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>Victoria Place is not responsible for National Health Index registration.</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.<br/> Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.<br/> 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>FA</p> | <p>Enquiries are managed by the CM in conjunction with the BCM to assess suitability for entry. The entry criteria are clearly communicated to people, whānau, and where appropriate, to local communities and referral agencies. Prospective residents or their family/whānau are encouraged to visit the facility prior to admission and are provided with written information about the service and the admission process. Residents enter the service when their required level of care has been assessed and confirmed by the Needs Assessment and Service Coordination (NASC) agency, Disability Support Link (DSL). Assessment confirming the appropriate level of care and DSL authorisation was held in files reviewed.</p> <p>The entry to services policies and procedures are documented and have clear processes for communicating the decisions for declining entry to services. Residents' rights and identity are respected. Enquiry records are maintained. The routine analysis of entry and decline rates including specific rates for Māori are completed. Victoria Place Rest Home and Hospital has links with the local iwi (Raukawa). Support for Māori individuals and whānau can be accessed if required. Residents have access to complementary/traditional medicines if desired.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p>   | <p>FA</p> | <p>There is a resident assessment, care planning, and evaluation policy.</p>  |

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| <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>Registered nurses are responsible for all residents' assessments, care planning, and evaluation of care. Eight resident files were reviewed (four at the hospital level, two at the rest home level of care and two at the dementia level of care). Initial care plans are developed with the residents' or their EPOA's consent within the required timeframe. The initial care plan is developed using nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the resident's admission to the facility for all long-term residents. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>A review of residents' records showed that the residents participate in care planning. Their plan includes activities and interventions to ensure that their physical, mental health, cultural, and well-being needs are met. The residents identified as Māori have a Māori health care plan that describes the support required to meet their needs. A registered nurse interviewed described removing barriers so all residents have access to information and services needed to promote independence and working alongside residents and relatives when developing care plans so residents can develop their pae ora outcomes.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss. Documented evidence showed STCPs have been reviewed promptly and signed off when the problem has been resolved.</p> <p>The NP undertakes the initial medical assessment within the required timeframe. Residents have reviews by the NP within required timeframes and when their health status changes. The documentation and records reviewed were current. The NP interviewed stated there was good communication with the service and that they were informed of concerns on time. The RNs communicate with the GP via phone call or email for concerns. The facility is provided access to an after-hours</p> |
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|   |           | <p>service by the NP.</p> <p>Contact details for the family are recorded on the electronic system. Family/whānau and EPOA interviews and resident records evidenced that families are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced that wounds were assessed promptly and reviewed at appropriate intervals. Photos were taken where this was required. This was initiated where wounds required additional specialist input, and a wound nurse specialist was consulted. There is a pressure injury assessment and prevention policy.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure are completed and are up to date. Neurological observations are recorded following all un-witnessed falls, evidenced in five resident files reviewed. The service has a falls prevention and minimization policy.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and have access to the supplies and products required to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months with the interRAI re-assessments and when there is a change in the resident's condition. The evaluations include the degree of achievement toward meeting desired goals and outcomes.</p> <p>There was evidence of hospital discharge letters on file. All discharge plan interventions have been put in place by the RNs.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.<br/>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.<br/>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</p> | <p>FA</p> | <p>A diversional therapist implements the residents' activities programme. Activities for the residents are provided five days a week. At weekends, puzzles, quizzes, and movies are available for residents.</p> <p>The activities programme is displayed in the communal area and a copy is provided to individual residents. The activities programme provides variety in the content and includes various activities incorporating education, leisure, cultural, spiritual, and community</p>  |



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| <p>are suitable for their age and stage and are satisfying to them.</p>   |           | <p>events. For those residents who choose not to participate in the programme, one on one visits from the activities coordinator occur regularly. An outing is organized weekly, and regular van outings into the community are arranged. Church ministers visit weekly.</p> <p>The programme has included Māori language week, visits from local Pasifika community groups, and Matariki celebrations. Other cultural activities are held to include the variety of cultures within the facility. Family/whānau participation in the programme is encouraged.</p> <p>The Pasifika entertainment group has regularly visited the facility. Staff have links to the Pasifika community church and help with care planning.</p> <p>The activities coordinators complete the residents' activities assessments in conjunction with the RN within three weeks of the resident's admission to the facility. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and are documented. The activity assessments include a cultural assessment that collects information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans.</p> <p>The residents and their families reported satisfaction with the activities provided. Throughout the audit, residents were observed engaging and enjoying a variety of activities.</p> <p>In the dementia unit, activities are provided. Residents are escorted to the main activities to ensure they can participate and enjoy relevant activities. Residents in the dementia unit have assessments on admission relating to their previous life experiences, interests, and pastoral care needs. The activity section of the long-term care plan is developed from these assessments.</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</p> | <p>FA</p> | <p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe electronic system for medicine management was observed on the day of the audit. Sixteen medication charts were reviewed.</p>   |

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| <p>access appropriate medication and blood products.<br/>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>Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</p> <p>The service uses pre-packaged pharmacy medicines that the RN checks on delivery to the facility. Three of the sixteen medication charts were of newly admitted residents. It showed that medication reconciliation had been completed within 24 hours of admission. All stock medications sighted were within current use-by dates. A system is in place for returning expired or unwanted medicines to the contracted pharmacy.</p> <p>The medication refrigerator temperatures are monitored daily. Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration where required. Weekly checks of Controlled drugs and six-monthly stocktakes were conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and, at the interview, demonstrated a clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness in the progress notes was sighted. The medication policy describes the use of over-the-counter medications and traditional Māori medicines. Interviews with RNs confirmed that where over-the-counter or alternative medications were being used and were added to the medication chart by the GP following a discussion with the resident and/or their family/whānau.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the RN.</p> <p>There were no residents self-administering medication on the day of the audit, although a process is in place to manage self-administration of medicines should this be required. Standing orders are not used.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p>   | <p>FA</p> | <p>The RN completes a nutritional assessment for each resident on admission to identify the resident's dietary requirements and</p>   |

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| <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>preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed, and the chef confirmed awareness of residents' dietary needs, likes, dislikes, and cultural needs. These are accommodated in daily meal planning for residents identifying as Māori and all other residents' food cultural preferences. The information would be gathered regarding nutritional needs and preferences during the initial assessment and the development of their Māori care plan.</p> <p>All meals are prepared on-site and served in the dining room or residents' rooms if requested.</p> <p>The temperature of the food served is taken and recorded. Residents were observed to be given sufficient time to eat their meals, and assistance was provided when necessary. Residents and families interviewed stated they were satisfied with the meals provided. The food service is provided in line with recognized nutritional guidelines for older people. The seasonal menu has been developed by a dietitian and was last reviewed in April 2022. The approval of the food control plan expires in March 2023. The kitchen staff have relevant food handling and infection control training.</p> <p>The kitchen was observed to be clean, and the cleaning schedules were sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The chef is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry, and the rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Nutritional needs are met and include the availability of snack food available 24 hours a day. Residents and families interviewed stated that they were satisfied with the meals provided.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p>   | <p>FA</p> | <p>Transition, exit, discharge, or transfer is planned and coordinated and</p>   |

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| <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>includes ongoing consultation with residents and family/whānau. Two of sixteen files reviewed showed a timely transfer to hospital after a fall. The service facilitates access to other medical and non-medical services. Residents/family/whānau are advised of options to access other health and disability services and social support.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care, are provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical manager and RN and a review of residents' files confirmed communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with an expiry date of 28 March 2023 is on display in the main corridor. Testing and tagging of electrical equipment is current as is the calibration and safety checks of biomedical equipment. Hot water temperatures are safe, and a maintenance schedule is implemented.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Maintenance of three showers is booked for the 27 and 28 March 2023 where the shower walls and flooring are to be replaced. The carpet is to be replaced in the hospital wing.</p> |

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|   |           | <p>The residents in the dementia unit have easy access to an outside secure garden environment. There is also access to an internal courtyard from the rest home dining room that connects to the dementia lounge which is used for outside BBQ's and entertainment for residents. There are other internal and external areas throughout the care centre in which residents and/or whānau can gather other than the main lounges or the residents' bedrooms. There is large signage throughout the facility and for residents that are hard of hearing, headphones are available to connect to their television or music system. Staff interviewed knew the residents well and could identify those that were hard of hearing and/or had a visual impairment. This information is also recorded in the resident's care plan.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Oceania corporate staff, regional managers and the 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.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and know what to do in an emergency.</p> <p>A fire evacuation trial was last completed on the 14 October 2022. The fire evacuation plan has been approved by the New Zealand Fire Service on the 11 April 2003.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff</p>   |

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|  |           | <p>were familiar with emergency and security arrangements. Staff ensure that the building is locked, and windows are closed during the afternoon and night shifts with rounds occurring regularly. The front door is locked at sunset and anyone wanting to enter the building after hours has access to a doorbell and the registered nurse phone number. The main entrance and corridors are monitored by a surveillance camera and signage was observed.</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 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,</p> |

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|   |           | <p>and trends, which are inclusive of ethnicity data, can now be extracted at facility level.</p> <p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service and are linked to the quality improvement system and discussed at the monthly staff meetings. The general practitioner provides initial support and advice.</p> <p>A pandemic/infectious diseases response plan is documented and has been tested with the recent Covid-19 pandemic. 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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>A RN holds the position of Infection Control Nurse (IPC nurse), and this person is supported by CM. Together they oversee and coordinate the implementation of the (IPC) programme at the service level. The infection prevention control nurse's role, responsibilities and reporting requirements are defined in the infection prevention control nurse's job description. The infection prevention control nurse (IPC nurse) has completed external education on infection prevention and control. They have access to shared clinical records and diagnostic results of residents.</p> <p>The IPC programme is clearly defined, documented and implemented. It was developed with input from external IPC experts. The IPC programme was approved by the governance body and is linked to the quality improvement programme. The IPC programme is reviewed annually. It was last reviewed in March 2022.</p> <p>The IPC policies were developed by suitably qualified personnel and comply with relevant legislation and accepted best practice. The IPC policies reflect the requirements of the infection prevention and control standards and include appropriate referencing.</p> <p>There is a pandemic and infectious disease outbreak management plan in place that is reviewed at regular intervals. There were sufficient IPC resources including personal protective equipment (PPE). The</p> |

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|   |    | <p>IPC resources are readily accessible to support the pandemic response plan if required.</p> <p>The clinical governance team has input into other related clinical policies that impact on health care associated infection (HAI) risk. Staff have received education in IPC at orientation and through ongoing annual education sessions. Additional staff education has been provided in response to the COVID-19 pandemic. Education with residents was on an individual basis and as a group in residents' meetings.</p> <p>The IPC nurse liaises with the CM on PPE requirements and procurement of the required equipment, devices, and consumables through approved suppliers and Te Whatu Ora. The CM stated that the clinical governance team will be involved in the consultation process for any proposed design of any new building or when significant changes are proposed to the existing facility, though this has not been required so far.</p> <p>Medical reusable devices and shared equipment are appropriately decontaminated or disinfected based on recommendation from the manufacturer and best practice guidelines. Single-use medical devices are not reused. There is a decontamination and disinfection policy to guide staff. Infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices such as appropriate use of hand-sanitisers, good hand-washing technique and use of disposable aprons and gloves. Hand washing and sanitiser dispensers were readily available around the facility.</p> <p>The IPC nurse reported that residents who identify as Māori would be consulted on IPC requirements as needed. In interviews, staff understood these requirements. Educational resources in te reo Māori were available. Residents who identify as Māori expressed satisfaction with the information provided.</p> |
| Subsection 5.3: Antimicrobial stewardship (AMS) programme and | FA | The AMS programme guides the use of antimicrobials and is  |



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| <p>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>  |           | <p>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.</p>  |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | <p>FA</p> | <p>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data is collected, monitored, and reviewed monthly. The data is collated, and action plans are implemented. The HAIs being monitored include infections of the urinary tract, skin, eyes, respiratory, wounds and multi-resistant organisms. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data is included in surveillance records.</p> <p>Infection prevention audits were completed including cleaning, laundry, and hand hygiene. Relevant corrective actions were implemented where required. Staff reported that they are informed of infection rates and regular audits outcomes at staff meetings and through compiled reports. Records of monthly analysis sighted confirmed the total number of infections, reason for increase or decrease and action advised. The CM monitors the infection events recorded weekly and the BCM receives a notification for high-risk infections recorded in the electronic system. Any new infections are discussed at shift handovers for early interventions to be implemented.</p> <p>Residents and, where required, family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau. There has been one COVID-19 infection outbreak reported since the previous audit that was managed effectively with appropriate notification completed.</p> |
| <p>Subsection 5.5: Environment</p>   | <p>FA</p> | <p>There are documented processes for the management of waste and</p>  |

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| <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>hazardous substances. Domestic waste is removed as per local authority requirements.</p> <p>All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the chemical room. Cleaning products were in labelled bottles. Cleaners ensure that the trolley is safely stored when not in use. There was a sufficient amount of PPE available which includes masks, gloves, face shields and aprons. Staff demonstrated knowledge and understood the donning and doffing of PPE.</p> <p>There are cleaning and laundry policies and procedures to guide staff. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. Regular internal audits to monitor environmental cleanliness were completed. Residents' laundry services are completed onsite. There is a designated area for dirty and clean laundry. The effectiveness of laundry processes is monitored by the internal audit programme. Resident surveys and residents confirmed satisfaction with cleaning and laundry processes.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>  | <p>FA</p> | <p>Restraint policy and procedures meet the requirements of the standards and are aimed at the ongoing reduction and elimination of restraint and have been reviewed and signed off by the governance board. Oceania's ultimate goal is zero restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA were involved in decision making.</p>  |

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| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | <p>FA</p> | <p>Assessments for the use of restraint, monitoring and evaluation were documented and included all requirements of the Standard. Whānau confirmed their involvement. Access to advocacy is facilitated as necessary.</p> <p>The clinical manager is the restraint co-ordinator. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contains enough information to provide an auditable record. The clinical manager interviewed confirmed that if there was a situation where emergency restraint was required, a debrief for staff would occur. Staff interviewed were happy with the training and support provided.</p> |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>             | <p>FA</p> | <p>The restraint committee undertakes a two-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. The use of restraint has been reduced by one over the past four weeks.</p>  |

## Specific results for criterion where corrective actions are required

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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.

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## 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, there 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.