

# Oceania Care Company Limited - Whitianga Continuing 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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Whitianga Continuing Care
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 27 February 2023      End date: 28 February 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	44

# 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

Whitianga Continuing Care provides rest home and hospital level care for up to 54 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 general practitioner. There were no areas requiring improvement identified at 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.
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Whitianga Continuing Care provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific people, and other ethnicities. Whitianga Continuing Care works collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery.


Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by documentation, observations, and interviews.

Residents and their families/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse, they receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and their families/whānau. There is evidence that residents and family/whānau are kept well informed.

Residents and their families/whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

Residents and families/whānau are informed about how to make a complaint. Corporate office staff oversee 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.
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The business and care centre manager assume accountability for delivering a high-quality service. This includes honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

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.

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

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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When residents are admitted to Whitianga Continuing Care a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodates any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

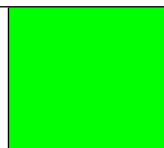
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

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

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

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



Subsections applicable to this service fully attained.

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.

Oceania Healthcare ensures the safety of residents and staff at the Whitianga Continuing Care facility through the implementation of a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme. The programme is appropriate to the size and complexity of the service and is adequately resourced. An experienced and trained infection prevention co-ordinator leads the programme and is involved in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. Whitianga Continuing Care has an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and their family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are managed. There are safe and effective cleaning and laundry 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 is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval and 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. 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	27	0	0	0	0	0
Criteria	0	157	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 1.1: 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>Whitianga Continuing Care 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. Manu 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. Whitianga Continuing Care has a relationship with Ngāti Hei iwi and Kaumatua. The Māori health plan is available and implemented for residents who identify as Māori. The facility has one resident and two staff that identify as Māori, one staff member has been acknowledged as a cultural advisor who is available for cultural support and guidance as required.</p> <p>The BCM confirmed in an interview that the facility will continue to employ staff representative of the residents and the community and Māori applying 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</p>

		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>Whitianga Continuing Care 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 time of audit there were no residents who identified as Pasifika, but five staff who did. The organisation is preparing to collaborate with the Pacific community and develop a formal more specific Pacific plan, which will be released for implementation in all its services.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Interviews with staff at Whitianga Continuing Care (Whitianga) verified that they understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were seen supporting residents in accordance with their wishes.</p> <p>Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code is on display and accessible in English and te reo Māori. Brochures on the Nationwide Advocacy Service are available. Staff knew how to enable access to the Code in other languages should this be required.</p> <p>Whitianga has access to interpreter services and cultural advisors/advocates if required. Relationships have been established with Ngāti Hei, the local iwi; Te Korowai, the Māori Health provider; and Te Whatu Ora Waikato. Two staff members employed at Whitianga who identify as Māori, support staff, management and residents in understanding and learning te reo Māori and tikanga guidelines. These staff members act informally as cultural advisors and assist the facility to enable a more equitable service for Māori.</p>

		Whitianga recognises mana motuhake.
<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>Whitianga supports residents in a way that is inclusive and respects their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff are assisted by staff who identify as Māori, to understand what Te Tiriti o Waitangi means to their practice, te reo Māori and tikanga Māori.</p> <p>Staff working at Whitianga had not received specific formal education on Te Tiriti o Waitangi at the time of audit, although they have received training on cultural safety, and cultural diversity. Staff are given the opportunity to speak and learn te reo Māori through their colleagues, with the assistance of cultural advisors. Documentation in the care plans of residents who identify as Māori includes documentation around meeting the resident's specific cultural needs and practices. Staff were aware of how to act on residents' advance directives and maximise independence. Residents are assisted to have an advance care plan in place. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Whitianga responds to tāngata whaikaha needs and enables their participation in te ao Māori. Training on diversity and inclusion includes training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are</p>	FA	<p>Employment practices at Whitianga include reference checking and police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such</p>

<p>safe and protected from abuse.</p>		<p>practice. Policies and procedures are in place that focus on abolishing institutional racism and supporting cultural diversity. Evidence was sighted of Whitianga's commitment and willingness to address racism through open disclosure, open discussion, and a willingness to address it if it occurs. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Whitianga is promoted. The model encompasses an individualised approach that ensures best outcomes for all. Interviews with 14 residents and seven family members expressed satisfaction with the services provided by Whitianga.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their family/whānau reported that communication at Whitianga was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, documentation, and signage throughout the facility.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) contact and communication/contact with other agencies has occurred.</p> <p>Staff knew how to access interpreter services, if required.</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>FA</p>	<p>Residents at Whitianga and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. There has been no formal training at Whitianga on appropriate best practice tikanga guidelines in relation to consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent are</p>

<p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>documented, as relevant, in the resident's record.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A Kaumatua from the local marae is available to support and advise if needed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>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 investigation. 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 reviewed to ensure this works effectively for Māori. The business and care manager expressed that additional support would be made if a person who identified as Māori, or whānau, lodged a complaint.</p> <p>There have been nine complaints since the previous audit. These complaints were managed by the business and care manager with support from Oceania's people and culture human resource team in a timely manner with evidence showing the complainant was happy with the outcomes. The complaints ranged from concerns around care to residents misplacing money. At the time of audit, there was one complaint that was not closed. The service is awaiting a</p>

		<p>response from the whānau, who have been sent a letter outlining the outcome of the investigation and corrective actions that have been implemented.</p> <p>There have been no complaints received from Te Whatu Ora Waikato, the Health and Disability Commissioner (HDC) or Ministry of Health (MoH) since the last audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a 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 the board is currently working on an update to their strategic and business plan. Regular reporting from Whitianga Continuing Care 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 Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have had access to cultural and te reo training and 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 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.</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 available on call after hours along with the clinical manager. There are eight registered nurses including the BCM and CM who hold current practicing certificates and are experienced in aged care. Of those eight registered staff, three RN's and the clinical manager are interRAI trained with one registered nurse booked to complete interRAI training. The BCM and CM have attended cultural safety trainings, however, not specific to Te Tiriti o Waitangi. Training on equity has not occurred as noted in the training records reviewed. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not 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 were 44 residents at the time of audit. The service holds contracts with Te Whatu Ora Waikato for rest home and hospital level of care which includes; Age Related Residential Care, Ministry of Health (MoH) Disability Support Services, End of Life Care residential services, Long Term Chronic Health Conditions (LTCH), Residential Respite service. Whitianga Continuing Care also has a contract for primary care inpatient services where four non-dedicated beds have been contracted.</p> <p>Of the 44 residents, 16 residents were assessed as requiring hospital level care and 27 residents were assessed as requiring rest home level care. One resident was admitted under the MoH Disability Support services agreement requiring rest home level care. There were no boarders.</p>
<p>Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>Oceania as an organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This</p>

<p>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>includes management of incidents and complaints, audit activities, a regular patient and staff satisfaction survey, 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 as per a yearly schedule and corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The resident satisfaction survey in November 2022 where 12 residents responded, acknowledged overall that residents were satisfied with the care and services provided. Residents were happy that meals meet their cultural needs, but there was reduced satisfaction around the availability of meal options and the temperature of meals when delivered to residents who choose to have their meals in their rooms. A corrective action was implemented and as a result of a meeting with kitchen staff, training was updated for all kitchen staff, hot boxes were implemented, and sandwiches were offered as an alternative meal.</p> <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>Oceania as an organisation and Whitianga Continuing Care as a service is yet to complete a critical analysis of their practices aimed</p>
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		<p>to improve health equity with the facility.</p> <p>There have been eight section 31's and these relate to registered nurse shortage, pressure injuries, resident incidents, change in management and a power outage.</p> <p>Strategies that will assist service providers such as Whitianga Continuing Care 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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. 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 work Monday to Friday 8.30 am to 5.00 pm and both take responsibility for on-call. The BCM has resigned, and their last working day is 28 February 2023. A new BCM has been appointed who is a registered nurse with aged care experience, is currently orientating in an Auckland Oceania site and is due to commence their role on the 9 March 2023. The current clinical manager has been in their role since December 2022 and will take clinical responsibility while awaiting the new BCM to start.</p> <p>A registered nurse is rostered on each shift. There are five care staff who work 7.00 am to 3.00 pm and are supported by a sixth health care assistant who supports with medication. There are five care</p>

	<p>staff who work a pm shift. Two staff work from 3.00 pm to 11.00 pm, two staff that work from 3.00 pm to 10.00 pm and one staff member who works from 3.00 pm to 7.00 pm. The pm shift is supported by a sixth health care assistant who supports with medication from 3.00pm to 11.00 pm. The night registered nurse is supported by two health care assistants who work from 11.00 pm to 7.00 am and are second medication competent checkers.</p> <p>The onsite kitchen is supported by a kitchen manager/cook and three cooks whom between them work Monday to Sunday 8.30 am to 5.30 pm. There are two kitchen assistants who work Monday to Sunday 6.00 am to 2.00 pm and 3.00 pm to 8.00 pm. There is a laundry staff member who works Monday to Sunday 7.30 am to 2.30 pm and two cleaners. One cleaner works Monday to Sunday 7.15 am to 2.45 pm and one cleaner who works on a Friday 7.15 am to 5.00 pm.</p> <p>Two Activities assistants support residents (shared role) covering Monday to Friday 8.30 am to 5.00 pm.</p> <p>The clinical manager and three registered nurses are interRAI trained.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Due to recent interruptions such as COVID-19 and weather, formal training has not been taking place. However, clinical staff receive information through various channels, including clinical quality forums, which focus on clinical and safety aspects, two-monthly clinical news bulletins, monthly clinical governance meeting minutes, and Oceania's bi-monthly news bulletins. These resources provide updates on new and updated policies, audit outcomes, available training opportunities, ongoing projects, and any health and safety issues. The new registered nurse full study day which will include and cover all core competencies is booked for the 9 March 2023. Oceania provide 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>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</p>
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		<p>Waikato with two health care assistants maintaining level two, three staff at level three and four staff having obtained level four qualifications.</p> <p>Oceania is working towards developing competencies around equity for all staff.</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 been fit for work. Information has also been provided in regards to bullying in the workplace, winter wellness, the flu vaccine and how best to keep yourself well. Staff have access to the employment assistant program 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 resources 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 and 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.</p> <p>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. Oceania as an organisation and Whitianga Continuing Care is collecting and recording staff's ethnicity.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p>	FA	<p>The service maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to</p>

<p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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>authorised users.</p> <p>Residents' files are integrated electronic and hard-copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents were sighted for data collection and included ethnicity data.</p> <p>Whitianga is not responsible for the National Health Index registration of people receiving services.</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality 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>FA</p>	<p>Residents are welcomed into Whitianga when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Whitianga provides and have chosen Whitianga to provide services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Whitianga collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Whitianga has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. Whitianga is able to access support from Ngāti Hei, the local iwi, or Te Korowai, the Māori health provider. Access to traditional healers, and other organisations to benefit Māori is gained by making contact with the Kaumatua at the local marae. When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Whitianga, some residents request another provider to manage their medical needs.</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 multidisciplinary team at Whitianga works in partnership with the resident and their family/whānau to support the resident’s wellbeing.</p> <p>Seven residents’ files were reviewed: three hospital files, one file of a resident receiving care under a Ministry of Health (MoH) contract and three rest home files. These files included residents who identify as Māori, have a pressure injury, have recently required transfer to an acute facility, have a communication deficit, are requiring a palliative approach to care and have several co-morbidities.</p> <p>Files reviewed verified a care plan is developed by a registered nurse (RN) following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and considers wider service integration where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) visits, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes meet contractual requirements. Processes are in place to ensure tāngata whaikaha and whānau participate in Whitianga’s service development, deliver services that give choice and control, and remove barriers that prevent access to information. There is a process in place at Whitianga to support Māori and whānau to identify their own pae ora outcomes in their care plan, as sighted in the care plan reviewed of a resident who identifies as Māori.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p> <p>This information was verified by reviewing documentation, sampling residents’ records, from interviews (including with the GP), and from observation.</p>
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		Two residents were reviewed in detail using tracer methodology.
<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 two activities assistants (AA) at Whitianga provide an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. An initiative that has recently been implemented, enables the activities programme to be expanded and includes activities that supports the residents with improved integration into the community. A small barbecue has been purchased and residents have had barbecues at the beach. This includes assisting residents to prepare and cook the barbecued food. The initiative includes involvement of families, and residents' outings with extended family. Plans include outings to the movies, fishing expeditions, visits to family's homes, visits to the museum, and a trip on the ferry. The goal of the initiative is for the relationships of residents with the community to be improved. The effectiveness of this initiative has not yet been evaluated due to it having only been introduced recently.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, their ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori was facilitated. Matariki, Māori Language Week, Waitangi Day and the making of poi, were celebrated at Whitianga. Community groups including a kapa haka group, pet therapy, and local entertainers visit Whitianga. The facility has a van that enables weekly outings to places and events of interest. There is a dedicated activities room at Whitianga which is filled with memorabilia and achievements that the residents have created. It is the residents' space and is respected as such. Information on the local iwi, the history of Whitianga and local points of interest is on display and keeps resident's familiar with the region's heritage. An interview with the activities assistants established that the residents at Whitianga are continually seeking new information and knowledge. Google searches are an ongoing request by residents to enhance their continual desire for new knowledge. Subjects discussed are ad hoc, and as they arise.</p> <p>Residents and family meetings occur every two months. Meetings enable residents and their family/whānau to express concerns or</p>

		<p>offer suggestions to improve the services being provided. Meeting minutes and satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Whitianga.</p> <p>Residents and their family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy at Whitianga is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage. A process was in place to identify, record and communicate residents' medicine-related sensitivities and the appropriate responses to adverse events.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not being used at Whitianga.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
Subsection 3.5: Nutrition to support wellbeing	FA	The food service provided at Whitianga is in line with recognised

<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>nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in April 2021. Recommendations made at that time have been implemented. The menu includes menu options that are culturally specific to te ao Māori.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with a Ministry of Primary Industry (MPI) approved multi-site food verification plan and registration (sighted). A verification audit of the food control plan was undertaken at Whitianga in May 2021. The scheduled re-audit of this site is scheduled for 2023.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents’ satisfaction with meals was verified by residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. This was supported on the days of audit, when residents responded favourably regarding the meals provided on these days. The residents’ meal satisfaction survey in November 2022 showed an area of dissatisfaction around meals, around the availability of meal options, and meal temperatures (refer subsection 2.2). These areas have been addressed.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Residents were complimentary of the meal served on the day of audit, in addition to all other meals.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p>	<p>FA</p>	<p>Transfer or discharge from Whitianga is planned and managed safely to include current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. A resident and their family/whānau interviewed following a recent transfer to an acute facility reported being kept well</p>



<p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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>informed. Family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with an expiry date of 3 September 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 upheld.  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.  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 The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and</p>	FA	<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 knew what to do in an emergency.  As a result of staff response to the potential threat that cyclone Gabrielle presented to the local community of Whitianga and the</p>

<p>safe way, including during an emergency or unexpected event.</p>		<p>increased risk to the residents and staff at Whitianga Continuing Care, a quality improvement was initiated in relation to the preparation, planning and communication that occurred to keep residents safe.</p> <p>Civil defence notified the BCM of the identified risk Cyclone Gabrielle posed to the staff and residents at Whitianga Continuing Care and as a result the facilities emergency plan was implemented, with the staff preparing to evacuate the residents at short notice if required. Care staff were responsible for continuing to focus on the care of the residents. Residents were asked to remain in their rooms and an overnight bag was prepared for each of them. The registered staff were responsible for ensuring that residents' medication and needed consumables were prepared, the kitchen staff were responsible for pre-preparing easy meals to go. There was a floor warden in each area and every staff member had a sign-off check list that was easy to follow and identified the tasks required. The BCM was responsible for the resident/staff evacuation list and regular communication with civil defence, the fire brigade and updating Oceania, residents, families and staff/floor wardens on a regular basis. Extra staff were provided to help on each shift as able with the BCM remaining on site for the full five days. Maintenance attended the facility on a regular basis to oversee the generators and other requirements as the facility also lost power for approximately a 12-hour period. The BCM had a list of volunteers available to help support if needed. The follow up of a debrief meeting identified that residents and their families as well as staff were happy with the communications and planned approach and extra support of the BCM, clinical manager and maintenance person.</p> <p>A fire evacuation trial was last completed on the 22 September 2022. The fire evacuation plan has been approved by the New Zealand Fire Service on the 27 April 1999.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p>
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<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, and trends, which is inclusive of ethnicity data, can now be</p>

		<p>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 outbreaks.</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>The infection control coordinator (ICC) at Whitianga is responsible for overseeing and implementing the IP and AMS programme with reporting lines to the CM. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The ICC has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard. They are provided by the organisation's national infection prevention control group and are based on current accepted good practice. Cultural advice at Whitianga is accessed through the staff who identify as Māori, Te Korowai and the Kaumatua. Staff were familiar with policies through education during orientation, ongoing education, and were observed following these correctly. Whitianga policies, processes and audits ensure that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Individual use items are not reused. Educational resources are not available and accessible in te reo Māori for Māori accessing services. There is no evidence sighted of formal participation with Māori for the protection of culturally safe practice in infection control.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff</p>

		verified its availability at interview. Staff have been trained in its use. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.
<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>Whitianga is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an AMS programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</p> <p>The pharmacist and GP support the antimicrobial stewardship programme at Whitianga. Evidence was sighted of a downward trend in the use of antibiotics over the past six months, with no adverse outcomes because of this.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Whitianga undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. Whitianga uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme is shared with staff. Surveillance data does include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There was an outbreak of Covid-19 at Whitianga in July 2022 and January 2023. The January 2023 outbreak lasted just over two weeks and affected 11 residents and three staff. Residents affected were isolated and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora Waikato were informed of the outbreak.</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>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Whitianga. Suitable personal protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and their family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation, documentation, and interviews.</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. At the time of audit, no residents were using a restraint.</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</p>

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## 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.

No data to display
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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.

No data to display
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End of the report.