

Oceania Care Company Limited - Elderslea Rest Home

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:

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| Legal entity: | Oceania Care Company Limited |
| Premises audited: | Elderslea Rest Home |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care |
| Dates of audit: | Start date: 26 April 2023 End date: 27 April 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: | 118 |

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

| Indicator | Description | Definition |
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| | 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 |
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| | 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

Elderslea Rest Home is part of Oceania Healthcare Limited. The facility can provide services for up to 123 residents requiring rest home, hospital, or dementia levels of care. This facility is operated under Oceania Healthcare, which is a developer, owner and operator of residential aged-care and retirement village facilities in New Zealand.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and family/whānau, governance representatives, staff, and allied health professionals associated with the service. Residents and family/whānau were complimentary about the care provided.

A strength of the service, resulting in a continuous improvement rating was achieved in the surveillance of health care-associated infection. Areas identified as requiring improvement during this audit related to the absence of a Pasifika model of care to guide the facility in the care of Pasifika residents, care planning, and laundry management.

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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Elderslea Rest Home has a Māori and Pacific people health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Staff were observed to engage with residents in a culturally safe way, respecting mana motuhake. The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce. There were residents and staff in Elderslea at the time of the audit who identified as Māori and Pasifika.

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

Residents and their family/whānau were provided with information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Family/whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Elderslea Rest Home. Consultation with Māori is occurring at governance level.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety, and clinical services is occurring with regular reviews according to predetermined schedules.

Well-established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and family/whānau provide regular feedback and staff are involved in quality activities. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented as applicable. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, identifying trends and leading to improvements, with data benchmarked to other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. An education/training programme is in place. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people. Document control systems ensure organisational information is current and easily accessible to those who require it.

Ngā huarahi ki te ora | 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. | | Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk. |
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When residents are admitted to Elderslea Rest Home a person-centred and family/whānau-centred approach is fostered. Relevant information was provided to the potential resident and their families/whānau.

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

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents, their family/whānau, and with staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

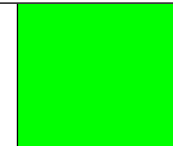
Medicines were safely managed and administered by staff who were competent to do so. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The nurse practitioner is responsible for all medication reviews in consultation with a general practitioner as required. Policies and procedures that described medication management aligned with accepted guidelines.

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

Residents were 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.



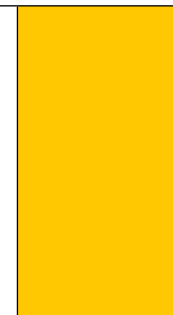
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe, and external areas have shade and seating provided 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 family/whānau understood emergency and security arrangements. 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.



Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

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

The business and care home manager, the clinical manager and the infection control coordinator at Elderslea Rest Home ensure the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The programme is adequately resourced. An experienced and trained infection control coordinator leads the programme and engages in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Elderslea Rest Home had 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 was undertaken with follow-up action taken as required.

The environment supports the prevention and transmission of infections. Waste and hazardous substances are managed. Cleaning and laundry services are in place.

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 restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator manages the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

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 | 25 | 0 | 0 | 2 | 0 | 0 |
| Criteria | 1 | 162 | 0 | 0 | 2 | 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) |
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| 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people's health and a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health's Whakamaui Māori Health Action Plan 2020-2025. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific people's health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>A Māori health care plan has been developed with input from cultural advisers (Ngāti Hine – Ngāpuhi) and this can be used at Elderslea Rest Home (Elderslea) for residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual,</p> |

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| | | <p>family/whānau, and psychological health of the residents. There were Māori residents present during the audit. Māori residents and their whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that were consistent with cultural safety, confirming that mana motuhake is respected.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Māori at the time of audit.</p> <p>The service has links for Māori health support through the Māori Health Unit at Te Whatu Ora Capital, Coast and Hutt Valley and the Orongomai Marae (Te Atiawa confederation).</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p> | FA | <p>The service provider has a policy on Māori and Pacific people's health. This describes how the organisation responds to the cultural needs of residents and is for use in the interim until the organisation begins its work alongside the Pacific community and formally develops a Pacific plan. The document notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs.</p> <p>Corporate managers described plans to work in partnership with Pasifika communities, to develop a Pacific plan and to improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes. Currently there is no specific model of care available for staff to support the care of Pasifika residents. There were residents who identified as Pasifika in the facility on the days of audit (refer criterion 1.2.3). Elderslea has connections with Pasifika organisations outside the service through Te Whatu Ora Capital, Coast and Hutt Valley, and through its staff who have local community connections.</p> <p>The service supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a</p> |

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| | | management and organisational level. There were staff who identified as Pasifika at the time of audit, one in a leadership and training position. |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | FA | <p>The Code of Health and Disability Services Consumers' Rights (the Code) posters were displayed in Māori, English and New Zealand Sign Language (NZSL) around the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service were available in English and te reo Māori and available in large print and NZSL. Staff knew how to access the Code in other languages should this be required. Information brochures were provided in the information packs handed out to anyone seeking information on the services Elderslea offers.</p> <p>Staff interviewed understood the requirements of the code and were seen supporting residents of Elderslea in accordance with their wishes. Interviews with visitors, the nurse practitioner (NP), hospice nurse, and the physiotherapist, who visit regularly, confirmed staff were respectful and considerate of residents' rights.</p> <p>Elderslea had a range of cultural diversities in their staff mix, and staff would assist if interpreter assistance were required. Elderslea also has access to interpreter services and cultural advisors/advocates if required. A staff member who identified as Māori has enabled relationships to be established between Elderslea and kaumātua and kuia from the local Orongomai Marae. An invitation for senior staff from Elderslea to be welcomed onto the marae for cultural competency education/training has been accepted and will occur in May 2023.</p> <p>Eight staff employed at Elderslea identify as Māori. These staff, the kaumātua and kuia from Orongomai Marae, and the Māori Health Unit at Te Whatu Ora Capital, Coast and Hutt Valley can assist to ensure equitable services for Māori are enabled. Elderslea recognises mana motuhake and this was observed during the audit process.</p> |

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| <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>Elderslea supported residents in a way that was inclusive and respected residents' identity and experiences. Residents and family/whānau, including tāngata whaikaha (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.</p> <p>Care staff understood what Te Tiriti o Waitangi means to their practice with, te reo Māori and tikanga Māori being promoted throughout the service.</p> <p>All staff working at Elderslea were educated in Te Tiriti o Waitangi, tikanga, and cultural safety. The staff can speak and learn te reo Māori, with the assistance of staff members and residents who identify as Māori. Documentation in the care plans of residents who identified as Māori acknowledges the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place.</p> <p>Residents verified they were supported to do what is important to them, and this was observed during the audit. Staff were observed to maintain residents' privacy throughout the audit. All residents have a private room.</p> <p>Elderslea responded to tāngata whaikaha needs and enabled their participation in te ao Māori and decision making, as evidenced by residents' meeting minutes, satisfaction surveys and interviews. Training was provided on supporting 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 safe and protected from abuse.</p> | FA | <p>Employment practices at Elderslea included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse or neglect. Workers follow a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including</p> |

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| | | <p>what to do should there be any signs of such practice. Policies and procedures were in place that focus on abolishing institutional racism, and there was a willingness to address any racism identified. Education in relation to unconscious bias is part of the training programme.</p> <p>Residents reported that their property is respected. Professional boundaries are maintained.</p> <p>A holistic model of health at Elderslea is promoted. The model encompasses an individualised approach that ensures the best outcomes for all. Ten residents and six family members interviewed expressed satisfaction with the services provided by Elderslea.</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> | FA | <p>Residents and their family/whānau at Elderslea reported that communication 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 into day-to-day greetings, and karakia is encouraged prior to meals. There have been sporadic resident and family meetings at Elderslea since February 2022 due to COVID-19 outbreaks and restrictions, while emails and phone calls have kept family/whānau informed. A review of resident meeting minutes verified positive feedback from residents and their family/whānau as does the 2022 resident satisfaction survey results.</p> <p>Changes to residents' health status were communicated to residents and their families/whānau in a timely manner. Incident reports evidence family/whānau were informed of any events/incidents. Documentation supported family/whānau or enduring power of attorney (EPOA) contact and that contact with outside agencies has occurred. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</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</p> | FA | <p>Residents at Elderslea and/or their legal representatives were provided with the information necessary to make informed decisions.</p> |

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| <p>respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p> | | <p>They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Three files reviewed of residents in the secure unit, verified either an EPOA for the resident had been appointed and had been activated, or an application to the court for a Protection of Personal Property Rights (PPPR) was being processed. Documentation from a specialist authorising placement in a secure unit, was sighted in files reviewed.</p> <p>Staff who identified 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 kaumātua and/or kuia 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> | 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 family/whānau understood their right to make a complaint and knew how to do so. Staff interviewed knew what to do if someone wanted to make a complaint and understood the right to advocacy if this was required/requested. Advocacy information was available in English and te reo Māori.</p> <p>Documentation sighted showed that eight of the nine complaints received over the last 12 months were addressed and that complainants had been informed of the findings following investigation. One complaint is still open but appropriate communication has been made thus far.</p> <p>Whilst there have been no complaints received from external sources since the previous audit, there is one coroner's enquiry which remains open at the time of audit. There has been a police investigation and an internal investigation has taken place. Information requested by the</p> |

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| | | coroner has been supplied. |
| <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> | FA | <p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment. Oceania have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of infection prevention and control).</p> <p>As for other Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery and in the recruitment of Māori and Pasifika staff. The needs of young people with disabilities are reflected in organisational documents, most recently with the release of a 'Person with a Disability' policy in September 2022.</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for the Elderslea service, and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> |

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| | | <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The business and care manager (BCM) and clinical manager (CM) are both experienced staff. The BCM originally qualified as a registered nurse (RN) but has worked at Elderslea since 2018 in aged-care business management. The CM has been at Elderslea since 2015, originally working as a registered nurse (RN) until appointed to the CM role in 2018. The BCM and CM both confirmed knowledge of the sector, and regulatory and reporting requirements.</p> <p>Elderslea supports residents and their families/whānau to participate through resident meetings and satisfaction surveys. Resident meetings have been affected in 2022 and 2023 due to infection outbreaks (COVID-19 and gastroenteritis) but meetings for residents have been held, the last on 13 March 2023. Outcomes from the meetings and results from the satisfaction surveys have been used to improve services. Responses from meetings and the surveys were noted to be very positive.</p> <p>The service holds contracts for rest home, hospital, dementia, palliative care, and respite care with Te Whatu Ora - Health New Zealand Capital, Coast and Hutt Valley for a maximum of 123 residents. There are 20 dementia level beds, 35 rest home level beds and 68 dual purpose beds (suitable for rest home or hospital-level care), including 25 occupational right agreement (ORA) care suites. The service also holds contracts with the Ministry of Health (MoH) for residential non-aged young person disabled (YPD) services and with the Accident Compensation Corporation (ACC).</p> <p>On the day of the audit there was an occupancy of 118 residents. This was made up of 48 residents requiring rest home level care, 41</p> |
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| | | <p>residents requiring hospital-level care, 20 residents requiring dementia level care, one resident under the YPD contract, one respite care, and five under ACC contracts. Two residents were paying privately. No residents were receiving care under the palliative care contract.</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> | FA | <p>Elderslea uses Oceania's range of documents that contribute to quality and risk management and reflected the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, including at Elderslea, with appropriate follow-up and reporting.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. The 2022 residents' satisfaction surveys showed a high level of satisfaction with the services provided, and residents and family/whānau interviewed also reported a very high level of satisfaction.</p> <p>The CM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. 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.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. There have been 21 section 31</p> |

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| | | <p>notifications completed in the last year, nine related to pressure injuries, one due to a coroner's enquiry (refer subsection 1.8), one following a resident absconding, and ten due to RN shortages (refer subsection 2.3).</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> | FA | <p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours per day/seven days per 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 although this has been stretched when there was COVID-19 in the facility. At least one staff member on duty has a current first aid certificate and there has been 24/7 RN coverage in the hospital and in the facility, although this has reduced due to the nationwide shortage of RNs. There have been section 31 notifications in relation to RN shortage (refer subsection 2.2). Despite this, there has been at least one RN on duty in the facility at all times. The service normally staffs the facility with two RNs on afternoon and night shifts. Over four weeks of rosters examined there were two registered nurses on most of these shifts, and where there was only one RN on the shift, the shifts had extra medication-competent senior health care assistants (HCAs) in place to support the RN. Staffing for the care suites is rostered in line with the Oceania acuity tool.</p> <p>The service also employs a diversional therapist (DT) and activities staff who deliver the activities programme seven days per week in the dementia unit and six days per week for the rest of the facility. Domestic (cleaning) and food services are carried out by dedicated staff seven days per week. Laundry services are on site but managed separately to the facility. Support staff include administration, maintenance, and gardening staff.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control or restraint portfolio.</p> <p>Continuing education is delivered annually, via 'GEM' study days.</p> |

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| | | <p>'GEM' education for RNs is delivered online, and in-person for other staff. All mandatory training requirements are included. The service has embedded cultural values and competency in their training programmes, including cultural safety, Te Tiriti o Waitangi, and tikanga practices. Staff interviewed described how they are supported to learn te reo Māori. Related competencies are assessed and support equitable service delivery. There has been little training on the care of Pasifika and no models of care outlined in policy to support staff in caring for Pasifika residents (refer 1.2.3). In addition, the care plans for Pasifika residents do not always reflect the aspirations of Pasifika residents in the service (refer criteria 3.2.3). Training and competence support is provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, food handling, emergency management including fire drills, and pandemic planning including the use of personal protective equipment (PPE). Cultural competency is an annual requirement.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) health and wellbeing qualification. There are a high number of senior (level three and four) HCAs in the service (42 from 70 HCAs). Staff working in the dementia care area have completed the required education.</p> <p>Staff health and wellbeing policies are in place. Wellbeing is discussed at orientation and is part of the education/training programme. Staff reported feeling well-supported and safe in the workplace. An employee assistance programme (EAP) is available to staff.</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</p> | FA | <p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking is in place. Professional qualification for health care professionals had been validated and then checked and documented annually. Job descriptions for all roles are in place. They described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of staff records reviewed showed that orientation was being completed and</p> |

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| workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | | <p>documented. Staff interviewed confirmed that orientation does take place, and most staff described it as useful in preparing them for their role.</p> <p>There are staff wellbeing policies and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as useful for them allowing them to set their own career goals.</p> <p>Information held about staff is accurate, relevant, secure, and stored confidentially. Ethnicity data is being recorded for staff and used in line with health information standards.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | FA | <p>Elderslea maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and is password protected. Any paper-based records are held securely and available only to 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. Consent was sighted for data collection. Data collected includes ethnicity data.</p> <p>Elderslea are 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,</p> | FA | Residents were welcomed into Elderslea when they have been assessed and confirmed by the local Needs Assessment and Service |

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| <p>timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | | <p>Coordination (NASC) Service, as requiring the levels of care Elderslea provides, and when they had chosen Elderslea to provide their services. 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. The files reviewed met contractual requirements. Elderslea collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori. Files reviewed of residents in the secure unit either had an activated EPOA, a Protection of Personal and Property Rights (PPPR), or evidence of an application to the courts for a PPPR in place. A specialist's authorisation for each the resident's placement in a secure unit, was sighted.</p> <p>Where a prospective resident was declined entry, there were processes for communicating the decision to the person and family/whānau.</p> <p>Elderslea has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from the Māori Health Unit at Te Whatu Ora Capital, Coast and Hutt Valley. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Elderslea, several residents had requested another provider to manage their medical needs, and this had been facilitated.</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>PA Moderate</p> | <p>The multidisciplinary team at Elderslea works in partnership with the resident and family/whānau to support the residents' wellbeing. Thirteen residents' files were reviewed: six hospital files, four rest home files, and three files of residents in the secure dementia unit. These files included residents with a pressure injury, residents who identified as Pasifika, residents who identified as Māori, residents receiving palliative care, residents with challenging behaviours, residents residing in care suites, residents who fell frequently, residents with weight loss and a resident on a young person with a disability (YPD) contract.</p> |

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| | | <p>All files reviewed verified that a care plan was developed by an RN following an assessment, including consideration of the person's lived experience, their culture and cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and included resident and family/whānau input (as applicable). Files reviewed of residents in the secure unit either had an activated EPOA, a Protection of Personal and Property Rights (PPPR), or evidence of an application to the courts for a PPPR in place. A Specialists authorisation for each the resident's placement in a secure unit. Files of these residents included a behaviour assessment and behaviour management plan that included triggers to behaviours, behaviour management strategies and addressed residents' twenty-four-hour lifestyle patterns. Two of the three files reviewed of residents who had developed facility-acquired pressure injuries following admission, had no documentation in the initial care plan that had identified the risk, despite several predisposing factors being present. In addition to these, two residents who identified as Pasifika had this documented, but had no plan in place initially or long term to address their values, beliefs, and cultural needs. This is an area requiring some attention (refer criterion 3.2.3).</p> <p>Timeframes for the initial assessment, nurse practitioner (NP) and general practitioner (GP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and their family/whānau can participate in Elderslea's service development to deliver services that give choice and control and remove barriers that prevent access to information. Elderslea staff understood Māori constructs of oranga and were able to support Māori residents and their whānau to identify their pae ora outcomes in their care or support plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>The nurse practitioner (NP) is employed by Elderslea to provide the nurse-led management of any specific medical conditions, with support from a GP. The NP visits daily and in addition to providing medical support, guides nursing staff to enable quality care to be provided. Every week the NP has a team meeting with the facility's</p> |
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| | | <p>senior nurses to review any residents of concern. The GP is included in this meeting if additional support is needed. The NP has direct access to the gerontology team from Te Whatu Ora Capital, Coast and Hutt Valley. The team meets monthly to review complex cases and includes the gerontologist, psycho-geriatrician, the hospice nurse, and the pharmacist. Discussion also focusses on 'appropriate prescribing' rather than polypharmacy reviews of any residents of concern. The management of any specific medical condition was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or their family/whānau. Residents and their family/whānau confirmed active involvement in the process, including the YPD resident.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | FA | <p>An activities team of seven (both part-time and full-time workers) provides the activity programme at Elderslea. The team consisted of a diversional therapist (DT) and six activities coordinators (AC), one of whom is currently undertaking an NZQA health and wellbeing qualification training as a DT. The programme in the secure dementia unit runs every day, whilst the hospital and rest home residents are provided with a programme Monday to Friday and on a Saturday afternoon. Three activities staff cover the Monday to Friday programme. The programmes supported residents in maintaining and developing their interests, tailored to their ages and stages of life, and were enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Residents in the secure unit had twenty-four-hour activities plan in place that addressed previous lifestyle patterns. Opportunities for Māori and whānau to participate in te ao Māori were facilitated and included during quiz sessions, story time, greetings, signage, karakia and word games. The programmes included flax weaving, making poi, making feather cloaks, and celebrating Waitangi Day, Māori Language Week and</p> |

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| | | <p>Matariki. The sessions also provided opportunities for staff and residents to learn about te ao Māori and te reo Māori.</p> <p>Due to COVID-19 restrictions, residents and family/whānau meetings had not been held regularly since February 2022. However, staff encourage and facilitate discussions with residents during daily activities. Meetings were held when the facility was clear of outbreaks; the last was held on 13 March 2023. The activities team arrange weekly or fortnightly van outings to places of interest and local community events. Entertainers, volunteers, Māori entertainers and kapa haka groups visit when COVID-19 restrictions permit.</p> <p>Satisfaction surveys evidenced residents and their family/whānau are satisfied with the activities provided at Elderslea and were 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 was current and in line with the Medicines Care Guide for Residential Aged Care, legislation, protocols, and guidelines.</p> <p>A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management and they were competent to perform the function they manage. Current medication competencies were evident in staff files.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs and there is a system in place for returning expired or unwanted medication to the contracted pharmacy. All medications sighted were within current use-by dates and stored within the recommended temperature range. Medicines are stored safely, including controlled drugs which were checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Standing orders are not used at Elderslea. There are no vaccines stored on site.</p> |

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| | | <p>Twenty-six medication charts were reviewed. Medications are supplied to the facility in a pre-packaged format. The required three-monthly NP/GP review was recorded on the medicine chart. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for any adverse events. The RN oversees the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness was noted in progress notes.</p> <p>Self-administration of medication is facilitated, and processes were in place to manage this safely. There were no residents self-administering during the audit.</p> <p>Residents, including Māori residents and their whānau, are supported to understand their medications. The service has policies and procedures on management of medication adverse events, and staff interviewed demonstrated knowledge of these.</p> <p>Over-the-counter medication, traditional Māori medication, and supplements are considered by the prescriber as part of the person's medication.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p> | FA | <p>The food service provided at Elderslea was in line with recognised nutritional guidelines for older people. The menu was reviewed by the organisation's qualified dietitian in March 2023. Recommendations made at that time had been implemented. The kitchen manager and the sighted menu verified that menu options available included 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 Elderslea in May 2021. The scheduled re-audit of this site is scheduled for May 2023. All aspects of food management comply with current legislation and guidelines.</p> <p>Each resident has a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, food</p> |

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| | | <p>allergies 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. During theme days or celebration days, the kitchen prepares food consistent with the themes, for example Waitangi Day, Māori Language Week, Mother's Day and Matariki. The kitchen prepares specific foods that are consistent with the themes being celebrated. The kitchen prepares culturally specific foods for those residents who requested them. Residents and their families/whānau can supply selected foods for residents and the kitchen will prepare them. Residents in the secure dementia unit have access to food at any time night and day.</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 their family/whānau through interviews, satisfaction surveys, and resident and family/whānau meeting minutes. This was supported during the days of the audit when residents responded favourably regarding the meals provided on these days.</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.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Transfer or discharge from Elderslea was planned and managed safely to cover current needs and mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and their family/whānau.</p> <p>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> |

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| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | FA | <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well-maintained and that they meet legislative requirements. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, calibrations of weigh scales, and clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. Processes are in place to manage inconsistencies should they occur.</p> <p>The building has a warrant of fitness which expires on 30 November 2023. There were no plans for further building projects requiring consultation, but Oceania directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including younger people. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi is available for residents to use.</p> <p>Residents' rooms allow space for the use of mobility aids and moving and handling equipment in the dual purpose (rest home or hospital) rooms. Rooms are personalised according to the resident's preference. All rooms have a window allowing for natural light with safety catches for security. Gas central heating is supplemented by electric heating and cooling in the facility, and this can be adjusted depending on seasonality and outside temperature.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and common areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade. Space is available for the storage and charging of electronic mobility aids.</p> <p>Residents and family/whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate</p> |
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| | | equipment to safely deliver care for residents |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | FA | <p>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 in fire and emergency management and knew what to do in an emergency. All RNs and 34 other staff have current first aid certification and there is a first aid certified staff member on duty 24/7. Information on emergency and security arrangements is provided to residents and their family/whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. All staff were noted to be wearing name badges during the audit.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 7 October 2009. There is a confirmation letter from FENZ dated October 2019 advising that there was no requirement to further validate the approval following the creating of the care suites which are occupied under an occupation right agreement (ORA). The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A fire evacuation drill is held six-monthly; the most recent drill was on 24 April 2023. 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, and residents and family/whānau reported that staff were responsive to call bells.</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</p> | FA | <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.</p> <p>The IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being</p> |

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| <p>participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | | <p>reviewed and reported on yearly. Elderslea has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through Te Whatu Ora Capital, Coast and Hutt Valley. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board collects data on infections and antibiotic use and has added ethnicity to its data. The data is being collected and analysed to support IP and AMS programmes at Elderslea and the wider Oceania group.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff has 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>The infection control coordinator (ICC) at Elderslea is responsible for overseeing and implementing the IP and AMS programme with reporting lines to the CM and BCM. The IP and AMS programme are linked to the quality improvement programme that is reviewed and reported on annually. The ICC is an RN with the 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 Elderslea is accessed through the staff who identify as Māori, and the kaumātua and kuia from Orongomai Marae.</p> <p>Staff were familiar with policies and processes through education during orientation, ongoing education, and were observed following</p> |

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| | | <p>these correctly.</p> <p>Elderslie's policies, processes and audits ensure that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Individual use items are not reused.</p> <p>Educational resources are not available and accessible in te reo Māori for Māori accessing services. There was 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 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> |
| <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>Elderslea is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. The effectiveness of the AMS programme has been evaluated through monitoring of antimicrobial use and indicates a reduction in antimicrobial usage at the time of audit.</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</p> | FA | <p>Elderslea 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. Elderslea 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 are shared with staff. Surveillance data</p> |

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| methods specified in the infection prevention programme, and with an equity focus. | | <p>includes ethnicity data.</p> <p>Culturally clear processes are in place to communicate with residents and their families/whānau, and these are documented. Elderslea has had four COVID-19 outbreaks since March 2022, the most recent being an outbreak at the time of the audit. A critical review of each event has enabled actions to be put in place to minimise the spread of COVID-19, and its impact on other residents, staff and visitors. The results of these actions have enabled Elderslea to control the impact when a resident tests positive and is identified as an area of continuous improvement (refer criterion 5.4.4).</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> | PA Moderate | <p>A clean and hygienic environment supports the prevention of infection and transmission of anti-microbial-resistant organisms at Elderslea. Suitable personal protective equipment is provided to those handling contaminated material, waste, and 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, including residents' personal clothing, is laundered onsite by Oceania, and management of the laundry function is separate from the management of the care facility. Laundry from another Oceania facility enters the building through a door immediately next to the kitchen area and where cooked food is stored ready for transport to residents' rooms in heated trolleys. Added to this, laundry from the external facility is transported through the clean area of the laundry to the dirty area; this was identified as an infection risk and an area requiring attention (refer criterion 5.5.4). Laundry from within Elderslea is managed appropriately with clear separation between clean and dirty laundry areas.</p> |

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| | | <p>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 family/whānau reported that cleaning and laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</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> | FA | <p>Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Elderslea, is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at Elderslea since at least 2019.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed. Restraint protocols are also covered in the orientation programme of the facility.</p> <p>The RC, in consultation with the Elderslea multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system. The criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required, and this is documented</p> |

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| | | <p>in residents' files. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|--|---------------------------|--|---|---|
| <p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are</p> | <p>PA</p> <p>Moderate</p> | <p>Two of the three residents with a number of unstageable, facility-acquired pressure injuries developed these injuries within two months of admission. A review of these residents' initial care plans identified that on admission they had not been identified as at-risk despite a number of predisposing factors being present. No interventions to minimise the risk of pressure areas developing were documented in the initial care plan. The long-term care plans identified the development of pressure injuries, and the appropriate strategies to minimise deterioration and minimise the ongoing risk.</p> <p>Two files documented that the residents identified as Pasifika, however, there was no plan in place that described the</p> | <p>A review of 13 care plans identified that two care plans did not align with residents' values and beliefs and two did not record early warning signs with a focus on pressure injury prevention. The plans did not describe fully the support the residents required to meet their assessed needs.</p> | <p>Provide evidence that care plans align with people's values and beliefs and that early warning signs are recorded with a focus on prevention.</p> <p>90 days</p> |

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| <p>accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p> | | <p>support required to align with the residents' cultural values or beliefs.</p> | | |
| <p>Criterion 5.5.4</p> <p>Service providers shall ensure there are safe and effective laundry services appropriate to the size and scope of the health and disability service that include:</p> <p>(a) Methods, frequency, and materials used for laundry processes;</p> <p>(b) Laundry processes being monitored for effectiveness;</p> <p>(c) A clear separation between handling and storage of clean and dirty laundry;</p> | <p>PA Moderate</p> | <p>Soiled laundry from another nearby Oceania aged care facility enters Elderslea laundry for cleaning in covered containers via a door immediately next to the kitchen, and specifically near to food transportation trolleys which take cooked food to residents' rooms. In addition, the laundry from the external facility passes through the clean area of the laundry prior to being washed in the Elderslea washing machines. This is an infection risk and contrary to tikanga practice.</p> | <p>There is a risk of exposure to infection as a result of the processes in place to manage laundry originating from an external source and the passage of the laundry through a food area is contrary to tikanga practice.</p> | <p>Provide evidence that processes have been implemented to reduce the risk of infection as a result of the present laundering processes and that the processes meet good tikanga practice.</p> <p>90 days</p> |

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| (d) Access to designated areas for the safe and hygienic storage of laundry equipment and chemicals. This shall be reflected in a written policy. | | | | |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding |
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| Criterion 5.4.4 Results of surveillance and recommendations to improve performance where necessary shall be identified, documented, and reported back to the governance body and shared with relevant people in a timely manner. | CI | An area of continuous improvement was identified in relation to the management, reporting and analysis of COVID-19 infections at the facility. The evaluation of data, use of critical thinking, and evidenced-based interventions around issues such as location of outbreaks and the impact of negative pressure on the airborne spread of the virus, has seen numbers reduce from 148 cases during a March 2022 outbreak to 38 cases in April 2023. Other interventions contributing to this fall in numbers included ongoing education for new and current staff, cohorting of staff when an outbreak is identified, early testing for a breadth of symptoms as well as robust root cause analysis and advanced critical thinking, particularly by the facility's ICC. | The spread of COVID-19 cases during an outbreak has been minimised because of Elderslea eliminating the factors that contribute to the spread of the infection. |

End of the report.