

Oceania Care Company Limited - Gracelands Rest Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Gracelands Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 2 May 2023 End date: 2 May 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:	79

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Gracelands Rest Home and Hospital provides rest home and hospital level care for up to 88 residents. This facility is operated by Oceania Healthcare Limited and is managed by a business care manager (BCM) supported by a clinical manager (CM). Residents and families spoke very positively about the care provided.

This surveillance audit was conducted against the Ngā Paerewa Health and disability services standard and the provider's contract with Te Whatu Ora – Health New Zealand Te Matau a Māui Hawke's Bay. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, a business care manager, staff and a general practitioner.

There was one area identified as requiring improvement in relation to orientation documentation.

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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Staff have received education on Te Tiriti o Waitangi. The needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. The service works collaboratively to encourage a Māori world view of health in service delivery.

Principles of mana motuhake were evident in service delivery. Information is communicated in a culturally safe manner that enables understanding. Consent is obtained where and when required.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The business care manager assumes accountability for delivering a high-quality service.

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 and hazards are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

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

Ngā huarahi ki te ora | 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.

The service has developed meaningful relationships and partnerships with Māori communities and organisations to benefit Māori residents and whānau. Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers to other healthcare services and discharges are managed in an appropriate manner to allow continuity of care.

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

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

A holistic approach to menu development is adopted ensuring nutritional value, cultural beliefs, values, and protocols around food are observed. Special needs are catered for. Food culturally specific to te ao Māori is provided. Residents verified satisfaction with meals.

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

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

Subsections applicable to this service fully attained.

There was a current building warrant of fitness. The service has an approved evacuation scheme and fire drills are completed regularly. Security is maintained.

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

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

Subsections applicable to this service fully attained.

The outbreak management plan in place is reviewed regularly. Sufficient infection prevention resources, including personal protective equipment (PPE) were available and readily accessible to support the plan.

Surveillance of healthcare-associated infections is undertaken, and results shared with all staff. Healthcare-associated infections are communicated to residents in a culturally safe manner. Follow-up action is taken as and when required. There was a COVID-19 infection outbreak at the time of the audit. Appropriate processes were implemented to prevent the spread of infection.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	20	0	1	0	0	0
Criteria	0	55	0	1	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The business care manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies would be employed if appropriate for the applied role. At the time of audit, 17 staff and two residents identify as Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	Not Applicable	<p>Gracelands Rest Home and Hospital 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. There are seven staff employed at the facility and three residents who identify as Pasifika. Staff interviewed highlighted the importance of understanding and supporting each other's culture. Residents and family interviewed</p>

health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.		were happy with the cultural care that was provided.
<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>Māori residents, family/whānau or their enduring power of attorney (EPOA) were involved in the assessment and care planning process to determine residents' wishes and support needs to ensure Māori mana motuhake is recognised. Residents who identify as Māori confirmed that their cultural values and beliefs were respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Te reo Māori and tikanga Māori were actively promoted throughout the organisation and incorporated through all activities. Staff have received training on Te Tiriti o Waitangi. The Code of Health and Disability Services Consumers' Rights (the Code) posters in the English language and te reo Māori were posted around the facility. Locations around the facility were displayed in te reo Māori and English.</p> <p>A Māori health care plan was completed for each resident who identified as Māori. A Māori cultural advisor was appointed to support residents and family/whānau when required. Tāngata whaikaha needs were responded to as assessed, and participation in te āo Māori was enabled. Residents who identify as Māori stated that their cultural needs were met, and they are supported to participate in te āo Māori as desired.</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>Staff have received education on elder abuse. Residents reported that they are free to express any concerns to the management team when required, and these were responded to promptly. Systems to monitor institutional and systemic racism in place include six-monthly residents' satisfaction surveys, case conference meetings with residents and family/whānau. Residents confirmed they are free</p>

safe and protected from abuse.		<p>to express their concerns in monthly residents' meetings.</p> <p>Te Whare Tapa Whā model of care is utilised to ensure a strengths-based and holistic model to support wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Tikanga guidelines in relation to consent were practiced. Residents confirmed that they are provided with information and were involved in making decisions about their care. Where required, a nominated support person or EPOA was involved in decision making and consent process. Informed consent is obtained as part of the admission documents which the resident and/or their EPOA sign on admission. Staff were observed to gain consent for daily cares.</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>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed the complainants have been informed of findings following investigation.</p> <p>The business care manager interviewed expressed that they would ensure that the complaints process works equitably for Māori by offering internal and/or external cultural support for the resident and/or whānau and extra time if required. The complaints management system has not been reviewed to ensure this works effectively for Māori.</p> <p>There have been 14 complaints in the last 12 months. These complaints were managed by the business care manager with</p>

		<p>support in a timely manner with evidence showing the complainants were happy with the outcomes. There was one open internal complaint at the time of audit from a family member. The BCM has met with the family member and an investigation has been completed.</p> <p>There has been one complaint received from the Health and Disability Commissioner (HDC) dated 6 July 2021 from a family member. Gracelands Rest Home and Hospital provided information as requested. At the time of audit this complaint remained open and was awaiting a response from the HDC.</p> <p>No complaints have been received from the Ministry of Health (MoH) or Te Whatu Ora Te Matau a Māui Hawke's Bay 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>	FA	<p>In interviews with the quality compliance and audit manager and BCM and review of the services policy and procedures there is a commitment to deliver services that improve the outcomes and achieve equity for Māori. The service has a Māori and Pacific health policy, which states the service will provide services in a culturally appropriate manner to achieve equitable health outcomes for Māori and Pasifika people. Training in regards to tāngata whaikaha is yet to be completed.</p> <p>Training records showed that the governance team, BCM and staff have attended training specific to Te Tiriti o Waitangi. Improving outcomes and achieving equity for Māori and reviewing barriers for equitable access to services for Māori have not been evaluated.</p> <p>There were 79 residents at the time of audit. The service holds contracts with Te Whatu Ora Te Matau a Māui Hawke's Bay for rest home, hospital, long term support - chronic health conditions (LTCH) and respite services level of care under the aged related residential</p>

		<p>care contract (ARRC).</p> <p>The facility as of 22 November 2022 has a temporary amendment of their ARRC contract with Te Whatu Ora Te Matau a Māui Hawke's Bay called the 'hospital short stay pilot'. This pilot is a short stay supportive programme provided to Hawke's Bay hospital patients who need to recover after an acute hospital stay prior to returning home and/or rehabilitation services. Residents are required to be 65 years or older and oversight of the resident's care remains with the resident's primary health care provider. The facility's availability to accept a resident is subject to a bed being available and the supply of care required to support the resident.</p> <p>Forty-three residents have been assessed as requiring rest home level of care and 36 residents were receiving hospital level care under ARRC. Of the 43 residents requiring rest home level of care one resident is admitted under the LTCH contract. Two of the 36 hospital level care residents at the time of audit were admitted under the hospital short stay pilot. There were no residents admitted as a boarder.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. The CM is responsible for implementation of the quality and risk system.</p> <p>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and discussed at the relevant meeting/s. Progress against quality outcomes is evaluated and closed out as required.</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. There have been 10 section 31 notification forms completed and sent to HealthCert since the last audit and which relate to notification of pressure injuries, RN shortages, four COVID-19 outbreaks and the unexpected death of a resident.</p> <p>The staff at Gracelands Rest Home and Hospital have completed training in Te Tiriti o Waitangi and equity to ensure that the residents that identify as Māori receive appropriate cultural care and support.</p> <p>Gracelands Rest Home and Hospital has identified external and internal risks and opportunities, including potential inequities, and developed a plan to respond to them. The organisation is still to improve health equity through critical analysis of organisational practices.</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 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 two staff are medication competent. The BCM is on call and available for non-clinical issues. The clinical manager is available for clinical-related issues. A contracted podiatrist, hairdresser and maintenance team support the service and visit regularly. Bureau staff are not used at this facility.</p> <p>In reviewing the roster, and in the event that the roster has deviated from the number of RNs rostered on shift, the registered nurse/s are supported by a senior medication-competent HCA. No shifts are left uncovered. The facility is actively recruiting for a further two</p>

		<p>registered nurses.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Related competencies are assessed. Seven RNs and the clinical manager are interRAI trained. All RNs and senior HCAs have completed first aid training and are medication competent.</p> <p>Staff reported feeling well supported and safe (including culturally) in the workplace. The facility manager interviewed confirmed that they have an open-door policy. 'Toolbox talks' and staff bulletin information provides information for staff around physical, mental and environmental wellbeing and the importance of being fit for work. Information has also been provided regarding bullying in the workplace, winter wellness, hazards, personal boundaries, accidents, health and safety, the flu vaccine and how best to keep yourself well. Staff have access to the employee assistant programme (EAP) 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>	PA Low	<p>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.</p> <p>Orientation and induction programmes are fully utilised and additional time is provided as required, however there was not always evidence of orientation documentation.</p> <p>Staff interviewed felt well supported. Staff performance is reviewed and discussed at regular intervals.</p>

		Staff ethnicity data is being recorded. All staff information held on record is relevant, secure, and confidential.
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>The service maintains a record of enquiries, admissions and those declined entry on the electronic information management system. Routine analysis of entry and decline rates, including specific rates for Māori, was completed at the organisational level. The appointed cultural advisor provides cultural support as required, for the benefit of Māori residents and whānau. The service has developed meaningful relationships with Māori communities and organisations.</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>	FA	<p>The registered nurses (RNs) complete admission assessments, care plans and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. InterRAI assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training.</p> <p>The Māori health care plan utilised for Māori residents includes Māori healing methodologies, such as karakia, mirimiri, rongoa and special instructions for taonga. The care planning process supports residents who identify as Māori and whānau to identify their own pae ora outcomes in planning their care. All residents' files sampled had current interRAI assessments completed, and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of</p>

		<p>concern. Behaviour monitoring charts were completed where applicable, with appropriate interventions implemented as required. Residents and family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified, were addressed in the care plans where applicable. Tāngata whaikaha and whānau are supported to access information when required.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical and allied health professionals. Changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evident in the residents' files sampled. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP, and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evident in sampled records. Residents' transfers to other health services and discharges, were managed effectively with appropriate documentation provided to allow continuity of care.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants. Changes noted were reported to the RNs, as confirmed in the records sampled. The care</p>
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		<p>plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions were resolved. The evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and family/whānau confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</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>Opportunities for Māori to participate in te ao Māori were facilitated. Activities on the programme included Māori music sessions, performance of kapa haka by external entertainers, flax weaving, and poi making. Cultural events celebrated include Waitangi Day and Matariki. Residents who identified as Māori were supported to attend to family/whānau functions in the community as desired, and family/whānau can visit the residents in the facility. Visiting was restricted for the residents who were in isolation at the time of the audit.</p> <p>Residents who identified as Māori and family/whānau expressed that the community initiatives provided meet their needs and aspirations.</p>
Subsection 3.4: My medication	FA	The implemented medicine management system was appropriate for the scope of the service. The medication management policy

<p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>identified all aspects of medicine management, in line with current legislative requirements and safe practice guidelines. An electronic medication management system was used. An RN was observed administering medicines correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines had a current medication administration competency.</p> <p>Medicines were prescribed by the GP, and over the counter medicines and supplements were documented on the medicine charts where required. The prescribing practices included the prescriber's name and date recorded on the commencement and discontinuation of medicines and all requirements for 'as required' (PRN) medicines. Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled. Standing orders were not used.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RN when regular medicine packs were received from the pharmacy, and when a resident was transferred back to the service. All medicines in the medication room and trolley were within current use by dates. Clinical pharmacist input was provided on request. Unwanted medicines were returned to the pharmacy in a timely manner. The records of temperature for the medicine fridge and the medication cupboard sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p>
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		<p>Residents and their family/whānau are supported to understand their medications when required. The GP stated that when requested by Māori, appropriate support and advice for treatment for Māori will be provided.</p> <p>There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner when required, and staff understood the requirements.</p> <p>There was an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</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>Residents' diet requirements were assessed on admission to the service in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences. The menu in use was reviewed by a dietitian on 30 March 2023.</p> <p>Food culturally specific to te ao Māori, such as 'boil up', fried bread and raw fish, were provided to Māori residents. Family/whānau were welcome to bring culturally specific food for their relatives. Māori residents expressed satisfaction with the food options provided.</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</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Family/whānau reported being kept well informed during the transfer of their relative. Residents were transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>

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>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>There was a current building warrant of fitness with an expiry date of 17 January 2024. This was displayed at entrance to the facility. Tag and testing of equipment was last completed in November 2022.</p> <p>The BCM and quality compliance and audit manager confirmed in an interview that they would consult with local iwi if a decision was made to make any changes to the current building.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>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. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>A fire evacuation trial was last completed on 20 December 2022. The fire evacuation plan has been approved by the New Zealand Fire Service - 22 October 1997.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Residents and staff were familiar with emergency and security arrangements. Staff</p>

		<p>ensure that the building is locked, and windows are closed during afternoon and night duties, with rounds occurring regularly. Cameras monitor the main entrances of the facility, and camera signage is clearly visible.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The outbreak management plan in place was last reviewed in July 2022. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), was available. The IP resources were readily accessible to support the pandemic response plan. There was a COVID-19 infection outbreak at the time of the audit with four residents infected. The affected residents were in isolation and staff were observed using PPE appropriately. Appropriate processes were implemented to prevent spread of infection at the time of the audit.</p> <p>Culturally safe practices in IP were provided in consultation with residents and family/whānau as needed, to acknowledge the spirit of Te Tiriti as confirmed by the interviewed residents. In interviews, staff understood these requirements. Hand hygiene and COVID-19 infection prevention precautions and educational resources in te reo Māori were available.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Infection data was collected, monitored, and analysed monthly. The data was collated, and action plans were implemented. Surveillance tools were used to collect infection data and standardised surveillance definitions were used. Ethnicity data was included in surveillance records.</p> <p>Residents and family/whānau were advised of any infections identified in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and family/whānau.</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>Restraint policy and procedures meet the requirements of the standards and are aimed at the ongoing reduction and elimination of restraint. They have been reviewed and signed off by the governance board. Oceania's ultimate goal is zero restraint. When restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The restraint coordinator is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The organisation restraint approval group are 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 throughout the organisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.4.4 Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.	PA Low	The BCM and roster co-ordinator interviewed stated that the organisation is transitioning to an human resources electronic system. Staff interviewed confirmed that they had all had a supportive orientation and induction and that an orientation book was completed and signed off. Ten staff files were reviewed at the time of audit, however of those ten files, six orientation books were reported as archived (staff start dates between 2008 to 2013. One orientation book from October 2022 was evidenced and signed off, however the remaining three newer staff orientation books were not available.	Not all staff human resource files had evidence of an orientation and induction programme.	Ensure all staff have evidence of an orientation and induction programme that covers the essential components of the service. 180 days

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

No data to display

End of the report.