

Oceania Care Company Limited - Holmwood 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:

Legal entity:	Oceania Care Company Limited
Premises audited:	Holmwood Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 6 June 2023 End date: 7 June 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:	43

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

Holmwood Rest Home, known as Holmwood Care Centre, is an aged care facility in Rangiora, a town in north Canterbury. It is owned and operated by Oceania Healthcare Limited (Oceania) and provides rest home and hospital level residential care for up to 45 residents. Both the business and care manager and the clinical manager are new since the previous audit and have been at the facility for approximately one year.

This certification audit process included review of policies and procedures, review of residents' and staff files, review of meeting minutes and reports, observations and interviews with residents, family members, managers, staff, a contracted allied health provider and a nurse practitioner.

A strength of the service, resulting in a continuous improvement rating, was the introduction of a 'shopping trolley'. This is providing a range of benefits for residents. There were no corrective actions identified in this audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Organisational and facility-based systems are in place to ensure Māori and Pasifika world views of health in service delivery would be supported for any Māori or Pasifika residents and their whānau. A goal of the service is to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed.

Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Information on how to make a complaint is readily available and all concerns raised have been responded to promptly and in an appropriate manner.

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.

As the governing body, Oceania assumes overall accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals. Organisational systems in place enable the Holmwood Care Centre to implement the required standards and corporate directives at a local level.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated. Reporting and feedback responses are occurring between Oceania's governance team and the facility.

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. Support systems for staff are in place, as is the promotion of staff wellbeing.

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

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.

When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

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

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

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

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

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

Te aro ki te tangata me te taiao haumarū | 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 preventative and reactive maintenance is being completed in a timely manner. There was a current building warrant of fitness. Equipment, utility and service checks are being completed as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire safety checks are being completed. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is fully conversant with the role requirements as detailed in a role description.

Education in relation to infection prevention is ongoing and staff demonstrated good principles and practice. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan and the required actions in the event of such an event.

Aged care specific infection surveillance is undertaken at facility, regional and organisational levels, with follow-up action taken as required.

The environment is clean, well maintained and supports prevention and transmission of infections. With support from external contractors, waste and hazardous substances are well managed. Laundry services are effective.

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.
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The service is a restraint free environment and there were no residents using a restraint at the time of audit. This is supported by the governing body and policies and procedures. Assessment, approval, monitoring and review processes for use of a restraint are available if required. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	166	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	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>The Māori health care plan has been developed with input from cultural advisers (Ngāti Hine – Ngāpuhi) and this can be used at the Holmwood Care Centre for any residents who identify as Māori. The business and care manager informed that although there are not currently any residents who identify as Māori, all residents are</p>

		<p>involved in providing input into their care planning, activities, and dietary needs and this would be the same for any Māori resident. Care plans use a holistic framework and include the physical, spiritual, whānau, and psychological health of the residents, as per the Whare Tapa Whā model of health. With no Māori resident or whānau at the facility, it was not possible to interview any; however, staff confirmed they had undertaken training on cultural safety (including for Māori) and described their understanding of Māori self-determination / mana motuhake and how they might respect this.</p> <p>Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. Oceania supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. At the Holmwood Care Centre, there are plans in place to follow the philosophy of the organisation and increase their efforts to ensure staff ethnicities reflect the ethnicity of the residents in the facility and to employ more staff who identify as Māori. This is proving challenging for the service provider as there are less than 1.5% of people who identify as Māori in this district.</p> <p>The business and care manager described how they are strengthening current relationships with kuia and kaumatua at the local marae. Established links with a local kura has seen tamariki from the kura perform kapahaka for the residents. Wider community links with Māori organisations has enabled staff to receive applicable training on Te Tiriti o Waitangi, tikanga and te reo Māori, for example.</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</p>	FA	<p>The service provider has a policy on Māori and Pacific people's health, which describes how the organisation responds to the cultural needs of residents. This is for use in the interim while the consultancy Oceania is using progresses its work alongside the Pacific community to formally develop a Pacific plan. The document notes the need to embrace cultural and spiritual beliefs. 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</p>

health outcomes.		<p>peoples to improve outcomes.</p> <p>There were no residents who identified as Pasifika in the facility on the days of audit. The business and care manager informed that a staff member who identifies as Pasifika has been supportive in describing what might be required if a Pasifika resident is admitted to the facility. This was followed by discussions about the fonafale model of care and the importance of spirituality. The staff person also offered personal support for any Pasifika resident and their family.</p> <p>The business and care manager also described how the Holmwood Care Centre has access to external support from Christchurch organisations such as Mana Pasifika, the Tangata Moana Trust and via the Older Persons' Health Team of Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha).</p> <p>Oceania supports increasing Pasifika capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. The Holmwood Care Centre remains committed to increasing their efforts to employ more staff who identify as Pasifika as there was a limited number of staff who identified as Pasifika at the time of audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters in Māori and English around the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are available in both languages.</p> <p>Interviews with visitors, the nurse practitioner (NP), and the facility physiotherapist, who visits weekly, confirmed staff are respectful and considerate of residents' rights in line with the Code.</p> <p>A resident with a specific religious faith is supported to practice their faith as desired, which the resident acknowledged and appreciated when interviewed.</p>
Subsection 1.4: I am treated with respect	FA	The facility supports residents in a way that is inclusive and respects residents' identity and experiences. Residents and family/whānau,

<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>		<p>including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>All staff working at Holmwood Care Centre are educated in Te Tiriti o Waitangi and cultural safety and although there were no residents identifying as Māori on the day of the audit, when discussed with the clinical manager, staff understood what Te Tiriti o Waitangi means to their practice.</p> <p>Examination of the clinical notes indicated that staff are aware of how to act on residents' advance directives, personal wishes and also how to maximise independence wherever possible. Residents verified that they are supported to do what is important to them, and this was observed during the audit and during the document review where care plans are individualised. A resident that requires medical treatment which restricts them to their room has activities in their room to occupy them and the door was open so that they are not isolated from staff and residents. Residents have personalised activities that they can enjoy in the privacy of their own rooms, including music and sewing.</p> <p>Staff maintain and respect residents' privacy. All residents have a private room and staff knocked and waited for a response before entering.</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 Holmwood Care Centre 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. There was no evidence of any form of abuse having occurred at this facility.</p> <p>A holistic model of health is promoted at Holmwood Care Centre with an individualised approach that aims to achieve the best outcomes for all. Staff sign a Code of Conduct when they commence with the service and those interviewed understood the service's policy on abuse and neglect, including what to do should there be any signs of</p>

		<p>such practice.</p> <p>Policies and procedures are in place that focus on abolishing institutional racism, and there is a determination to address racism should it arise.</p> <p>Ten residents and five family members interviewed expressed satisfaction with the services provided by Holmwood Care Centre. They reported that their property is respected and that professional boundaries are maintained at all times.</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 Holmwood Care Centre report that communication is open and effective, and they feel listened to. All residents and family interviewed said that they are comfortable raising concerns with staff and management.</p> <p>Information is provided in an easy-to-understand format including a bimonthly newsletter which is emailed to family and available to residents and at resident meetings.</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 or incidents. Documentation supported family/whānau or enduring power of attorney (EPOA) contact and that contact with outside agencies has occurred when needed. Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p> <p>Holmwood Care Centre has access to interpreter services and cultural advisors/advocates if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that</p>	FA	<p>Residents and/or their legal representatives are provided with the information necessary to make informed decisions. Residents and whānau feel empowered to actively participate in decision-making and they are provided with the necessary information on which to base</p>

<p>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>their decisions. The nursing and care staff observed understand the principles and practice of informed consent and of individual preference whether it be how they take their medications, where they eat their meals or the timing and extent of personal cares.</p> <p>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.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</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.</p> <p>The complaints process, and information on how to make a complaint, are provided to residents and whānau at the time of admission. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>A complaint register confirmed reports that no complaints had been received since the current facility and clinical managers commenced approximately 12 months ago. Residents' concerns were documented within resident meeting minutes, which included evidence of follow up and relevant responses in the minutes of the next meeting. None of the documented concerns required escalation to complaint level.</p> <p>Consumer rights, and information on how to make a complaint, are available in te reo Māori. The business and care manager described how strategies such as involving whānau and any Māori support organisation involved in a Māori resident's care would be used in the event a resident who identified as Māori made a complaint. There were no Māori residents at the Holmwood Care Centre at the time of audit.</p> <p>There have been no complaints received via the Health and Disability Commission, or any other external sources 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>The governing body of Oceania assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> - supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha - the use of consultancy processes, including with Māori, to enable the organisation to achieve these goals - board members accessing cultural training, and opportunities to upskill in te reo Māori and Te Tiriti o Waitangi via their other community roles and employment and using links to related on-line learning packages they have been provided with - the use of a legal team that monitors changes to legislative and clinical requirements, which is then integrated into organisational policies, procedures, and practices - the development of a clinical governance structure. <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through:</p> <ul style="list-style-type: none"> - policy documentation (including one titled 'Person with a Disability') to help address the needs of young people with disabilities - enabling choice and control over supports and the removal of barriers that prevent access to information (e.g., honouring Te Tiriti o Waitangi, using Māori and Pasifika models of care, providing information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control in formats that can be better understood, and upskilling staff in the needs of potentially compromised groups) - addressing barriers to equitable service delivery by working on recruiting Māori and Pasifika staff at all levels of the organisation - proactively using information obtained via the collection of ethnicity data. <p>Oceania has a strategic plan in place which:</p>

		<ul style="list-style-type: none"> - outlines the organisation's structure, purpose, values, scope, direction, performance, and goals - uses a four-pillar construct with goals under each - supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha - informs facility-based business plans (via the described reporting process) - requires cultural safety to be embedded into business and quality plans and in staff training. <p>Governance and the senior leadership team is committed to quality systems and risk management via policy, processes, and through feedback mechanisms, which includes receiving regular information from each of its care facilities.</p> <p>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, who also provides clinical and quality dashboard reports to the board. Internal data (e.g., adverse events, complaints) is aggregated and corrective action taken when required (at facility and organisation level as applicable). Changes are made to business and/or the strategic plans when indicated.</p> <p>With over forty years in nursing, and more than half of those in management roles (including at corporate levels), the business and care manager for the Holmwood Care Centre confirmed knowledge of the sector, and of regulatory and reporting requirements. The business and care manager is maintaining currency within the field by retaining a current registered nurse practising certificate, attending management and clinical forums, attendance at conferences and issues-based meetings as well as upskilling in aged care related topics.</p> <p>The Holmwood Care Centre supports residents and their whānau to participate in aspects of service delivery through resident meetings, satisfaction surveys, inviting their involvement in care planning and reviews and through informal feedback via telephone or one-on-one visits with the business and care manager. Examples of this occurring</p>
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		<p>and being followed through were viewed.</p> <p>The service holds contracts under the Aged Related Residential Care (ARRC) agreement with Te Whatu Ora Waitaha to provide hospital and rest home care. On the day of audit there were 42 residents receiving care under the ARRC agreement, 24 of whom were receiving rest home support and 18 hospital level care. One other person was receiving hospital level care under an Accident Compensation Corporation contract. No residents were on any other specific contracts such as for long term chronic healthcare conditions, respite care, end of life or young people with disability. The two vacant beds were booked for occupancy the week following the audit. Of the 45 beds, 14 are care studios and are occupied under occupation right agreements. Thirteen were occupied on the day of audit and accounted for five of the hospital care residents and eight of the rest home level care residents.</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>Holmwood Care Centre uses Oceania's range of documents that contribute to quality and risk management and reflect 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. Strategies are in place for the reporting of details in relation to health services and care and support for Māori, when applicable, although there are not currently any people who identify as Māori at Holmwood Care Centre. Critical analysis of organisational practices to improve health equity is</p>

		<p>occurring at both facility and organisational levels. Meeting minutes and monthly reports viewed, and an interview with the regional clinical manager confirmed appropriate follow up and reporting is consistently occurring. A staff cultural engagement survey was undertaken earlier this year, but results are still to be fully released. The annual residents' survey has yet to occur for 2023.</p> <p>The business and care manager, regional clinical manager and two health and safety representatives described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, open disclosure is occurring, and actions are followed up in a timely manner.</p> <p>The business and care manager reported an understanding of essential notification reporting requirements and described circumstances when it would be needed. There has not been any essential notification reporting required, except for registered nurse shortages, since the current business and care manager took over 12 months ago.</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). A framework is provided by Oceania's clinical governance team for the Holmwood Care Centre to use as a basis for the rosters, although with relevant authority the facility may adjust staffing levels to meet the changing needs of residents. The business and care manager is responsible for planning and implementation of the two-weekly rotating roster and an administrator is involved in replacement of staff who are unable to work a shift. Care staff reported there were adequate staff to complete the work allocated to them and informed that shortages have settled with the employment and orientation of additional staff. Residents and</p>

		<p>whānau interviewed supported this.</p> <p>Four weeks of rosters were reviewed and confirmed reports that at least one staff member on duty has a current first aid certificate and that there was consistent 24-hour registered nurse coverage over seven days a week. Gaps of facility staff had been filled by agency staff or Holmwood Care Centre casual employees and there was evidence that new staff undergoing orientation were being supported. Staffing of the care suites is consistent with the assessed level of care of the residents, as the care suites sit within a wing of the facility.</p> <p>Continuing education is planned on an annual basis. Mandatory training requirements are integrated into the training calendar and undertaken according to Oceania's twice yearly staff education regime. The business and care manager had organised repeated staff training sessions to bring overdue staff education up to date. Records reviewed confirmed related competencies are assessed and support equitable service delivery. They demonstrated completion of the required training and competency assessments. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waitaha. The business and care manager is an assessor for the programme.</p> <p>A range of staff wellness schemes and staff support systems, including an innovative reward system, are available, and staff reported they feel well supported and safe in the workplace.</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</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. A record of practising certificates of health professionals involved in resident care at Holmwood Care Centre showed all had been checked and were current.</p> <p>Staff performance is reviewed and discussed at regular intervals, at the least annually. The business and care manager has proactively cleared a backlog of annual appraisals that required completion.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>Staff records are maintained in an electronic system that has electronic protection systems in place, including password protection, that only specified people have access to. Ethnicity data is recorded and used in line with health information standards.</p> <p>With open door policies in place, debriefs and discussions with relevant managers are available for staff at any time. The business and care manager also informed additional counselling would be made available if this was indicated.</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>	<p>FA</p>	<p>Holmwood Care Centre maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Residents' notes and documentation are stored electronically, and are password protected which can only be accessed by approved staff, including the nurse practitioner (NP) and visiting allied health. 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 including ethnicity data.</p> <p>Aged care services such as Holmwood Care Centre are not responsible for National Health Index registration of people receiving services, therefore criterion 2.5.3 is rated as 'Not Applicable'.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a</p>	<p>FA</p>	<p>Residents are welcomed into Holmwood Care Centre when they have been assessed and their level of care requirements confirmed by the local Needs Assessment and Service Coordination (NASC) service. The accepting or declining of residents is based on availability of appropriate rooms at the service level required and clinical safety. Family/whānau members interviewed stated they are satisfied with the admission process and the information that had been made available to them on admission. The files reviewed met contractual</p>

<p>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>requirements.</p> <p>No residents identifying as Māori were at the facility at the time of the audit. However, the facility has processes in place to identify admission and decline rates for Māori and non-Māori.</p> <p>Although a resident is rarely declined entry, the decision is based on clinical safety and the availability of a room at the appropriate level of care, and there are processes in place for communicating the decision to the person and/or whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Nine clinical files were examined, including two files reviewed in more detail using tracer methodology: one a rest home resident and the other a hospital level resident.</p> <p>A care plan is developed by an RN following an assessment, including consideration of the person's lived experience and their individual cultural needs, values, and beliefs. The care plan also considers wider service integration, such as physiotherapy, occupational therapy, or dietician input where required. Assessments are based on a range of clinical assessments and include resident and their family/whānau input. Timeframes for the initial assessment, nurse practitioner (NP) input, initial care plan, long-term care plan, and review/evaluation timeframes met contractual requirements in the files reviewed.</p> <p>Short term care plans were instigated within an appropriate time frame and were followed and updated by care staff, and then closed or transferred onto the long-term care plan as required.</p> <p>The NP is available 24/7 and visits weekly or as required for residents of clinical concern. Every week the NP has a team meeting with the facility's senior RNs to review any residents of concern. When the NP is not at the facility, issues can be discussed by telephone or email and medications can be changed or added remotely using the electronic medication system that is in place. During the audit, a resident that became acutely unwell was noted to be appropriately monitored, reviewed by the NP, and changes made to their medications and their effect recorded. This resident's health status had improved by the end of the audit.</p>

		<p>While reviewing the resident clinical notes it was identified that the clinical manager had instigated the introduction of an internally developed acronym to improve and standardise documentation written by health care assistants (HCAs). The 'Pain, Output, Mobility, Skin, Behaviour, Assistance, Food and Fluid input' (POMSBAF) initiative, and the staff education that ran alongside the introduction of this acronym, has helped make documentation clearer and more objective as was evidenced by the reading of notes before and after its introduction. Its value was also acknowledged by both the NP and the visiting physiotherapist as an excellent piece of work to improve written communication. Although not yet formally evaluated, this initiative is likely to contribute to improved resident outcomes and allow for more timely clinical interventions.</p> <p>Although there were no Māori residents at the facility at the time of the audit, the clinical manager and staff are aware of the importance of providing person centred care that considers Māori constructs of oranga and which values and supports the goals and holistic focus of pae ora for Māori and their whānau. The governing body of Oceania assumes accountability for delivering a high-quality service for tāngata whaikaha through the inclusion of Māori in governance groups and honouring Te Tiriti o Waitangi.</p> <p>Holmwood Care Centre can access clinical support for clinically complex residents from the Te Whatu Ora Waitaha Gerontology Nurse Specialist Team, or for residents with a life-limiting illness, support and education for staff can be accessed from the Nurse Maude Palliative Aged Residential Care Service.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>An activities team of two that is present six days a week provides planned activities and entertainment for the residents. The programmes supported residents in maintaining and developing their interests, tailored to their ages and stages of life. Where able, residents 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 as confirmed by a newly arrived resident who was interviewed. The programmes included flax</p>

		<p>weaving and plans were underway to celebrate Matariki with the visit of a local kapa haka group.</p> <p>Independence is encouraged when appropriate and safe. One resident interviewed talked of how she enjoyed being able to walk to the local shops. As the audit team was leaving, the facility van was returning from a trip out to various sites in the area which the residents talked about enthusiastically as they were assisted to disembark the bus.</p> <p>An area of continuous improvement relating to the introduction of a shopping trolley by the activities team has been identified.</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>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded during the review of 18 medication charts.</p> <p>There is space for documenting residents' allergies and sensitivities on the medication chart and in the resident's record and these were all completed appropriately in the charts reviewed. The service has policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures are checked daily, and medication room temperatures are monitored weekly. Medications are stored securely in a locked room in accordance with requirements.</p> <p>Controlled drugs are also stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of the required weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely.</p>

		<p>During the audit there were two residents that self-administered their medications. Appropriate assessments and documentation for self-administering are recorded in the residents' electronic notes.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them and with either the NP or the RN on duty. Interviews with RNs confirmed that where over the counter or alternative medications are being used, they are added to the medication chart by the GP following discussion with the resident and/or their whānau. The management of any specific medical condition is well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different from that expected, changes are made to the care plan in collaboration with the resident and/or their family/whānau.</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 Holmwood is 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 nutritional, sound, and varied and which can be adapted for specific cultural needs.</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 recently undertaken at the facility.</p> <p>Each resident has a nutritional assessment on admission to the</p>

		<p>facility. Their personal food preferences, any special diets, food 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. The kitchen prepares culturally specific foods for those residents who request them. Residents and their families/whānau can supply selected foods for residents and the kitchen will prepare them. Food intolerances and specific diets are clearly documented so that all kitchen staff are aware and can prepare and deliver food in a safe and hygienic manner</p> <p>Interviews, observations, and documentation verified residents are largely satisfied with the meals provided. This was supported on the day 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 by staff in a respectful and supportive way that was not rushed. Fluids are regularly provided for residents both in the resident lounges and in their rooms.</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 Holmwood Care Centre is planned and managed safely to cover current needs and to mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and their family/whānau. This included the transfer of documentation such as interRAI assessments and clinical information as appropriate whilst maintaining resident confidentiality and privacy. Whānau reported being kept well informed during the transfer of their relatives.</p>
Subsection 4.1: The facility	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their</p>

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>purpose, well maintained and that they meet legislative requirements. Regular checks of medical and mobility equipment are undertaken, ongoing hot water temperature checks ensure resident safety, calibration reviews of medical equipment are current, test and tagging of electrical equipment is maintained and a preventive maintenance schedule is being completed.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Communal spaces were culturally inclusive, provided residents with options and suited the needs of the resident groups. With most residents' rooms having an ensuite bathroom, there were adequate numbers of accessible bathroom and toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. All rooms have a window to the outside and either a heat pump (care suites) or a hot water radiator installed.</p> <p>There are no plans to extend or remodel the buildings of this facility; however, the business and care manager and a representative of the senior management team were both aware of the need for consultation and co-design of the environments, to ensure that they reflect the aspirations and identity of Māori. Examples of this having occurred for other Oceania facilities were provided.</p> <p>One wing of the building has been developed into 14 care suites. As they are integrated into the facility, they are included in all the usual facility and equipment monitoring processes.</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</p>	FA	<p>A fire evacuation plan for the facility was approved by the New Zealand Fire Service 1 October 1996 and reviewed 21 July 2000. Records reviewed confirmed all staff have been trained in fire and emergency management and have participated in fire evacuation drills (last held 25 November 2022 with next scheduled June 2023). Those interviewed knew what to do in an emergency.</p>

<p>and safe way, including during an emergency or unexpected event.</p>		<p>Disaster and civil defence plans and policies direct the facility in their preparation for various types of disasters and describe the procedures to be followed. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Contents of these emergency kits are regularly checked according to a detailed schedule (last undertaken 1 June 2023). Emergency lighting is available, as are gas barbecues and ample blankets for warmth.</p> <p>All registered nurses have a current first aid certificate and most support workers are trained in basic first aid.</p> <p>Call bells alert staff to residents requiring assistance. Monthly checks of all call bells are undertaken, and response timeframes are reviewed. Delayed responses to call bells default to the business and care manager's cell phone 24 hours over seven days a week. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. All windows have security latches on them, lockable doors have additional security, there is a double door entry system, staff undertake security checks on evening and night shifts, exterior security lighting is installed, and staff are taught how to keep safe and what to do if there is a security breach. Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship programmes are led by the Oceania general manager (nursing and clinical strategy), who oversees the clinical governance team. The clinical governance group monitors all clinical issues, including infections, within Oceania Healthcare facilities and ensures that infection prevention and antimicrobial stewardship programmes are appropriately managed at facility level.</p> <p>Both the infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, have been approved by the governing body, are linked to the quality improvement system, and are being reviewed and reported on annually. The board receives reports on the analysis of infection and</p>

		<p>antimicrobial data and follow-up actions. The data is being collected and analysed to support infection prevention and antimicrobial use at the Holmwood Care Home as well as the wider Oceania group. These reports now include ethnicity data.</p> <p>Holmwood Care Home staff have easy access to the Oceania infection prevention and control and antimicrobial stewardship policy and procedural documentation. The facility is supported by clinically competent specialist personnel and expertise through Oceania's own infection control specialist, their medical officer, nurse practitioners, general practitioners and local Te Whatu Ora infection specialists. Infection prevention and antimicrobial data and information are discussed at the facility level and at regional clinical management level, as well as clinical governance.</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 clinical manager for the Holmwood Care Centre is also the infection prevention and control coordinator. This person is responsible for overseeing and implementing the infection prevention and control programme with reporting lines through to senior management and the governance group, via the regional clinical manager.</p> <p>Holmwood Care Centre's infection prevention and control coordinator has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the infection control committee at national level has been sought when making decisions around procurement relevant to care delivery, and policies. The infection prevention and control coordinator is aware of the need for their input should there be any new building, or changes to the buildings, of the facility.</p> <p>The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Consultation with tāngata whenua has occurred at senior management and corporate levels to ensure infection prevention and control policies, procedures and practices are culturally safe. Working in partnership on this issue acknowledges the spirit of Te Tiriti o Waitangi.</p>

		<p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Infection prevention resources (handwashing) are available in te reo Māori and there are plans to develop such resources further.</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 have been trained accordingly.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials with the intention of optimising antimicrobial use and minimising harm within Oceania. It was developed using evidence-based antimicrobial prescribing guidance and relevant expertise and has been approved by the governance body. The programme is appropriate for the size, scope, and complexity of the service, both at the facility and organisational levels.</p> <p>Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment are maintained, and shared with the regional clinical manager who escalates them through the organisation. The monthly analysis of data includes antibiotic usage and identifies areas for improvement. Advice on antibiotic use at the Holmwood Care Centre is available from the nurse practitioner, Oceania's medical officer and the local Rangiora pharmacy.</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-</p>	FA	<p>Surveillance of infections within the Holmwood Care Centre is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the infection prevention and control programme. Surveillance tools are used to collect infection data and standardised surveillance definitions are used.</p>

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.		Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are implemented. The regional clinical manager, in consultation with the clinical manager/infection control coordinator, oversees the surveillance of infections. Data from Oceania facilities is graphed and recommended follow-ups are made, which are shared with staff and other facilities as applicable. Infections being monitored include those of the urinary tract, respiratory tract, wound and skin, gastro-intestinal and 'other'. Oceania has linked its infection surveillance data with ethnicity data and is now extending analysis accordingly.
<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>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms.</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 by the business and care manager and the clinical manager/infection control coordinator, via the internal audit system and ongoing observations by management. Staff involved have completed relevant training, described safe practices during interviews and were observed to carry out duties safely. Chemicals were stored securely. All housekeeping practices are described within documentation that is readily available.</p> <p>Laundry is mostly undertaken off-site by a contractor and returned to the facility for sorting. Residents and whānau reported that the laundry is managed well, and there were no specific concerns related to residents' laundry identified in the residents' satisfaction survey. The on-site laundry area is reportedly kept clean and tidy, which was confirmed through observations.</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</p>	FA	Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination and a company goal is for zero restraint use throughout its facilities. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including for the Holmwood Care Centre, is provided to the

<p>services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>board annually. No residents were using a restraint at the time of audit and none of the current staff and managers interviewed could recall when a restraint was last used at the facility.</p> <p>Restraint related policies and procedures meet the requirements of the standards. The restraint coordinator is a defined role that has its own role description, which includes additional related training requirements. The restraint coordinator at Holmwood Care Centre is the clinical manager, who has completed the required education and would provide support and oversight should restraint be required in the future.</p> <p>Restraint protocols are covered in the orientation programme of the facility. Ongoing staff competencies in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed by all relevant staff.</p> <p>Processes for the approval, use, monitoring and review of a restraint are described within organisational documents, and the restraint coordinator would work with the multi-disciplinary team at Holmwood Care Centre should use of a restraint be indicated. There are clear lines of accountability, and any restraint approval is to involve the resident, their EPOA, and/or whānau in the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system, which enables ongoing auditable processes to be undertaken. Residents who may be at risk, or could potentially require a restraint, are discussed by the restraint committee at six-monthly intervals. Strategies to prevent use of a restraint are developed and documented in the relevant residents' files.</p> <p>Given there is no restraint being used in the Holmwood Care Home, 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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	CI	<p>An initiative to promote resident autonomy and choice was instigated by the activities team utilising a quality improvement framework. This initiative has been identified as an area of continuous improvement.</p> <p>The activities team identified that although specific items and treats could be purchased by residents, the choice was limited and not accessible to those that found it physically challenging to get to the resident lounge where they were displayed. Therefore, a planned initiative was commenced whereby a dedicated shopping trolley was assigned, decorated and wheeled around to all residents once a week. The initiative was evaluated, and items removed or added depending on direct feedback from residents or their whānau. Requests for items on the trolley are made via residents' meetings or directly with the activities team. This allows for individual preferences to be added for future weeks through the interaction as well as facilitating uninterrupted one-on-one</p>	Resident autonomy, choice and one on one engagement the activities team has been promoted and enhanced through the instigation and ongoing development of a mobile shopping trolley.

		<p>engagement between the individual resident and activities staff.</p> <p>During the audit the trolley was seen to have a wide variety of treats, toiletries, practical items, such as batteries, and specific items such as wool and sewing material which had all been requested by residents. Items are all sold at cost price and any savings or offers are passed on to the residents.</p> <p>Responses from residents have been evaluated and recorded via residents' meetings and showed an increase in satisfaction and one-on-one engagement with activities staff. This is of particular value to those residents that either through choice or physical limitations are less active in group activities, thereby supporting equity of access. Residents interviewed during the audit also confirmed the positive impact that this simple but important initiative by the activities team has had on resident satisfaction. A resident survey highlights that this project has contributed to a significant increase in the 'Net Promoter Score'.</p>	
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End of the report.