

Oceania Care Company Limited - Awatere

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: Awatere

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 17 May 2023 End date: 17 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: 77

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
Yellow	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
Red	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

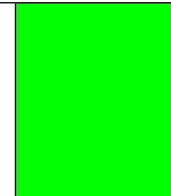
Awatere Rest Home (Awatere) is part of Oceania Healthcare Limited. The facility can provide services for up to 92 residents requiring rest home or hospital levels of care. There have been no changes to the facility or management since the last audit. There were 77 residents in the facility at audit.

This surveillance audit process was conducted against Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts the service holds with Te Whatu Ora – Health New Zealand Waikato (Te Whatu Ora Waikato). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and a nurse practitioner. Residents and whānau were complimentary about the care provided.

One continuous improvement ratings is allocated for a staff health and safety initiative. Two areas for improvement is required in relation to the identifying and addressing barriers for equitable service delivery and the environment being more visually culturally inclusive. There were no areas identified as requiring improvement at the last 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.

Oceania has a Māori and a Pacific people health policy in place. A Pacific models of care document is in draft.

The service provider is aware of the requirement to recruit and retain Māori in its workforce. The requirement to do this is embedded in policy and Oceania actively recruits Māori into its service where it is able.

Staff have received education on Te Tiriti o Waitangi. Māori if admitted to the facility would be provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Care is provided in a way that focuses on the individual and considers values, beliefs, and culture. Principles of mana motuhake practice were shown in service delivery.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment.

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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Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Awatere. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety and clinical services is occurring with regular reviews according to predetermined schedules.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development, and evaluation of care plans. 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. Activity plans are completed in consultation with residents, their whānau, and with staff. Residents and whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. 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, including foods relevant to te ao Māori. Food is safely managed. Residents verified satisfaction with meals.

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

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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required.

Staff are trained in fire safety procedures. Staff, residents and whānau understood fire and security arrangements.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It is adequately resourced.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

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

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. This is supported by the governing body and 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	19	0	2	0	0	0
Criteria	1	49	0	2	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 service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a corporate level. There were staff that identified as Māori. There were no residents that identified 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>	Not Applicable	<p>The service provider has a policy on Māori and Pacific people’s health. This describes how the organisation responds to the cultural needs of residents.</p> <p>Corporate managers are working to develop models of care available for staff to support the care of Pasifika residents. Staff interviewed highlighted the importance of understanding and supporting each other’s culture. Residents and family interviewed</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>were happy with the cultural care that was provided.</p> <p>There are staff that identify as Pasifika. There are no residents that identify as Pasifika.</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>	<p>FA</p>	<p>The service is guided by the cultural policies and training sessions that outline cultural responsiveness and support of mana motuhake to residents who identify as Māori. The assessment for Māori residents is available for use when required. Staff understood this requirement. Interviewed residents and family/whānau reported that staff respect their rights, and they were involved in planning their care.</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>	<p>FA</p>	<p>There were no residents that identified as Māori on the day of audit. The service supports residents in a way that is inclusive and respects their identity and experiences. The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori at the main entrances. Residents interviewed were happy with the support provided in relation to their culture. Residents' records evidenced that tāngata whaikaha needs were responded to as required. Staff were observed supporting residents in a respectful manner.</p> <p>Staff are provided with regular training on te Tiriti o Waitangi. There were no Māori residents receiving care. The organisation promotes te reo Māori and tikanga and guides staff practice to support residents to participate in te ao Māori when required, however the facility is yet to promote te reo Māori and tikanga Māori within the service and their activities.</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>FA</p>	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of this. Residents reported that their property is respected. Professional boundaries are maintained. Te Whare Tapa Whā model of care is available to use for Māori</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>residents when required. Safeguards in place to monitor systemic and institutional racism include the business and care manager (BCM) and clinical nurse manager (CNM) open door policy, annual satisfaction surveys, resident meetings and the complaints management processes. Residents and whānau interviewed confirmed satisfaction with the support being provided.</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>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent and tikanga best practice. 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. Residents and whānau interviewed confirmed that staff seek consent appropriately.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There have been eight complaints received since January 2022, with one currently open. Although the business and care manager could explain the process used in the event a complaint was received from a resident or whānau member that identified as Māori, the complaints process has not been evaluated to ensure it works equitably for Māori. Documentation sighted showed that complainants had been informed of findings following investigation. There has been one complaint received from external sources (via the local portfolio manager) since the previous audit. This has been closed.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information. The needs of young people with disabilities are reflected in organisational documents, most recently with the release of a 'Person with a Disability' policy in September 2022. The BCM is yet to review and identify potential barriers at Awatere for Māori in accessing services and this is an area requiring improvement. The BCM is yet to improve outcomes and achieve equity for tāngata whaikaha and will work out how this best occurs.</p> <p>The BCM, clinical nurse manager (CNM) and guest services manager (GSM) were in their role prior to the last audit.</p> <p>The service holds contracts with Te Whatu Ora Waikato, Accident Compensation Corporation (ACC) and the Ministry of Health (MoH) for the provision of aged related residential care at rest home and hospital level of care, long term support chronic health conditions, respite and non-aged residential care. Seventy-seven residents were receiving services. This included 47 residents at ARRC rest home level of care, and 30 residents at hospital level of care (LOC). One of the hospital LOC residents was receiving respite services and three hospital LOC residents were funded by ACC. There were no boarders.</p>

<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Awatere uses Oceania's quality and risk processes and documents. A comprehensive internal audit programme is in place with audits showing a high level of compliance with organisation requirements. A resident satisfaction survey was undertaken in March 2023. Overall feedback was positive about staff and services. Regular resident meetings occur. A health and safety project related to the weight of used linen bags is an area of continuous improvement. A range of meetings occur on site to communicate quality and risk and operational issues, including quality meetings, health care assistants' meetings, health and safety and registered nurse meetings.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring at a national level. The BCM has yet to review this at a local level and is giving consideration to how this best occurs.</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. The hazard and risk register was dated July 2022.</p> <p>The BCM understood and has complied with essential notification reporting requirements including in relation to registered nurse shortages, COVID-19 infections, suspected abuse, a facility vehicle event and a resident absconding. The death of one resident was reported to the coroner, however, a coronial investigation was not initiated.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The BCM and CNM</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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>		<p>work weekday mornings. Both are registered nurses. The CNM and six RNs have current interRAI competency.</p> <p>Staff work a four day on and two day off roster, and work on designated floors. Casual staff are used to cover leave or unplanned absences, or staff work additional or extended shifts. One casual HCA role is being recruited. There are no other vacancies.</p> <p>The facility adjusts staffing levels to meet the changing needs of residents using a designated Oceania acuity tool. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. The management team try to have a minimum of two RNs on each shift. Infrequently (afterhours and weekends) HCA staff attend resident call outs at the co-located village. The numbers have reported to have reduced since village residents obtained alarms that alert directly to an external service.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements, and staff competencies including medication management, hoist use, manual handling, hand hygiene, donning and doffing personal protective equipment (PPE), and de-escalation/restraint are assessed. Current research informs education provided. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Waikato. There are 15 staff at level two, 10 staff at level three and 24 staff at level four of the NZQA qualification.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments. Staff training on equity is yet to be provided. The CNM will review to ensure this is included.</p> <p>Staff reported feeling 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</p>	<p>FA</p>	<p>Current annual practicing certificates were sighted for all employed and contracted registered health professionals.</p> <p>Staff are provided with an induction and comprehensive orientation</p>

<p>people in adequate numbers meet my needs. 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. 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>		<p>programme relevant to their role. This includes being buddied with a senior staff member and working through a role-specific orientation workbook and required competencies. Records of completion were present in sampled staff files or was still in progress with one exception. This is not raised as an area for improvement as it did not represent a systemic issue.</p> <p>Ethnicity data is collected and used in line with health information standards at a national level. Staff records are stored securely. A process is underway transitioning paper-based staff files to electronic records.</p>
<p>Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Awatere is in place which includes guidance in regard to cultural support. The service collects ethnicity data on entry and decline rates for Māori, although the facility is yet to analyse this data. There were no residents that identified as Māori at time of audit. The CNM interviewed stated that when a resident that identified as Māori was admitted to the facility, if appropriate the staff would work with Māori health practitioners, traditional Māori healers to support the resident and their whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. The Māori health care plan is available for use when required and includes the four corner stones of Māori health (Te Whare Tapa Whā model of care) and includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia if</p>

<p>whānau to support wellbeing.</p>		<p>appropriate. The care planning process supports residents, including residents who identify as Māori, and whānau to identify their own pae ora. Barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified and strategies to manage these were documented.</p> <p>Assessment is based on a range of clinical and medical assessments and includes resident and whānau input. Timeframes for the initial assessment, nurse practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the nurse practitioner (NP) and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of early intervention, systematic monitoring, and regular evaluation of responses to planned care which include the degree of achievement against the person's agreed goals and aspirations as well as whānau goals and aspirations. Where progress is different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau, and specialist referrals are implemented as required. Residents and whānau confirmed active involvement in assessment and the care planning process.</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>	<p>FA</p>	<p>The activities team provide an activities programme seven days a week that supports residents to maintain and develop their interests that include their cultural beliefs within the facility and in the community and was suitable for their ages and stages of life.</p> <p>There were no residents that identified as Māori on the days of the audit. The activities co-ordinator interviewed stated that opportunities for Māori and whānau to participate in te ao Māori would be facilitated if admitted to the facility.</p> <p>Residents and whānau are involved in evaluating and improving the</p>

		programme. Those interviewed confirmed they find the programme meets their needs.
<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 was 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 of resident medications by the NP were recorded. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record. 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 were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering both regular and pro re nata (PRN) controlled drugs. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. Controlled drugs administration records closely aligned with the time the medication was signed out of the CD register for sampled control drugs.</p> <p>Standing orders are not used. 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>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</p>

		<p>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 including the understanding of their medications. The CNM interviewed confirmed that this support would also be offered to Māori. Twelve medication charts were reviewed. The medication policy described use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP following discussion with the resident and/or their whānau.</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>The personal food preferences, any special diets and modified texture requirements are assessed as required and accommodated in the daily meal plan. The menu was reviewed by a qualified dietitian on 30 March 2023. The kitchen manager interviewed confirmed that if a resident was admitted to the facility who identified as Māori, they would have menu options that would be culturally specific to te ao Māori and that whānau would have the opportunity to bring culturally specific food for their relatives.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes.</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>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. The reasons for transfer were documented in the transfer documents reviewed. Whānau reported being kept well informed during the transfer of their relative.</p>

<p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building has a current building warrant of fitness (expiry 1 December 2023). Clinical equipment has evidence of appropriate performance monitoring. Electrical equipment has current test and tag labels. The environment is not visually inclusive of different peoples' cultures and does not appear to support cultural practices. This is an area requiring improvement. Residents and family interviewed were satisfied the building is appropriately maintained and any requests addressed in a timely manner.</p> <p>There were no plans for further building projects requiring consultation, but Oceania directors were aware of the requirement to consult and co-design with Māori if this was envisaged.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>There is a fire evacuation plan for the building that was approved by Fire and Emergency New Zealand on 18 May 2019. A fire drill is conducted six-monthly, most recently on 17 February 2023.</p> <p>There are appropriate security arrangements in place for the residents and the service setting. Residents and whānau interviewed on this topic confirmed they were aware of arrangements.</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>FA</p>	<p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. A pandemic plan is in place. There is sufficient IP resources including personal protective equipment (PPE) available as required. Cultural advice is accessed where appropriate. Culturally safe practices in IP were provided in consultation with residents and family/whānau as needed, to acknowledge the spirit of Te Tiriti o Waitangi as confirmed by the interviewed residents. In</p>

<p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>interviews, staff understood these requirements. Hand hygiene and COVID-19 infection prevention precautions and educational resources in te reo Māori were available. 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.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of hospital acquired infections (HAI's) 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 (IPC) programme. There are culturally safe processes for communication between staff and residents who develop or experience a HAI.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and actions plans are implemented. Surveillance tools are used to collect infection data and standardised surveillance definitions are used. Ethnicity data was included in surveillance record</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy and procedures meet the requirements of the standards and are aimed at the ongoing reduction and elimination of restraint. They have been reviewed and signed off by the governance board. Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Awatere, is provided to the board annually.</p> <p>At the time of audit, no residents were using a restraint, and the BCM and CNM advised there had been no residents with restraints in use since the last audit. A restraint register is being maintained.</p>

		<p>The CNM, BCM and restraint coordinator advised in the event restraint is used, this is as a last resort when all alternatives have been explored.</p> <p>The Awatere 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 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>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	While work has been undertaken at a national level by Oceania to identify barriers to equitable service delivery, there has not been any review at Awatere although the Awatere business plan 2022-2023 notes over 23% of the local Waikato population identified as Māori in the 2018 census.	Barriers to equitable service delivery have not been identified for Awatere.	<p>Review barriers to equitable service delivery for Awatere and work to address.</p> <p>180 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports</p>	PA Low	The building is modern with 90 care suites that are dual purpose and can be used for the care of rest home or hospital level residents. Two rooms can be used for the care of two residents although had single occupants at audit. All care suites have an ensuite, kitchenette, balcony and ceiling hoist.	The environment is more European/Pakeha focused (as this is the significant majority of current residents' ethnicity) and is not obviously inclusive of other people's cultures and does not appear to support cultural practices.	Ensure the environment is visually more broadly inclusive of people's cultures and support cultural practices.

cultural practices.		The code of rights is available in te reo Māori, English and sign language. The BCMs office has a small wall hanging that is culturally significant to Māori. With these exceptions there is limited evidence the environment is visually inclusive of different people's cultures and does not appear to support cultural practices.		180 days
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Awatere 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. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Since April 2021, staff at Awatere have been working on a quality improvement project in response to reported staff injuries when handling used linen bags. The weight of linen bags was found to be excessive with some dry linen bags weighing 14.5 kilograms and bags with wet linen up to 18.5 kilograms. A range of options were considered including laundry bag limiters or smaller bags which ultimately were not suitable. Staff communication on this issue</p>	<p>A health and safety project related to the weight and handling of used linen bags in order to reduce the risk of staff injuries is an area of continuous improvement.</p>

		<p>occurred. A maximum of nine kilograms weight limit was imposed on laundry bags going to the laundry. Weighing scales were placed at the top of the laundry chutes and a two-week trial implemented, monitoring all linen bags before they were placed in the chute to ensure they were under nine kilograms in weight.</p> <p>An ongoing process of monitoring the weight of 10 linen bags per day for one week every two months has enabled the service to monitor that the improvement in linen bag weight has been sustained, and to address any variances with staff. Now, in the infrequent event a laundry bag is found to be overweight, this is by less than two kilograms. As linen bags are colour coded, the laundry staff are able to identify where any overweight laundry bag originated from. Since the quality initiative was initiated there have been no further staff injuries associated with handling linen bags. However, in response to recent staff concerns, the accepted weight of linen bags has been further reduced to a maximum of 5 kilograms in weight. This has been communicated with staff and is again being monitored via weighing 10 random linen bags per day. This is an area of continuous improvement.</p>	
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End of the report.