

Oceania Care Company Limited - Middlepark Rest Home and Village

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:	Middlepark Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 19 September 2023 End date: 19 September 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:	35

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

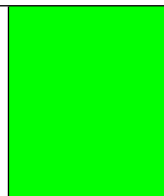
Middlepark Senior Care (Middlepark) is part of Oceania Healthcare Limited (Oceania). The care facility has 55 rooms and can provide services for residents requiring rest home or hospital levels of care. There have been no significant changes to the service or the building since the previous audit in 2022, except for a change in the business and care manager and the clinical manager roles.

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

Two areas that required improvement were identified during this audit, relating to the review of care plans and interRAI assessments, and infection surveillance analysis and ethnicity data.

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.

Residents and their whānau are informed of their rights including consent, 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 and both personal property and finances are respected and protected within the scope of the facility. 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.

The service support residents that identify as Māori and Pacific people and they enact Te Tiriti o Waitangi within its work at the facility.

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.

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

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Ongoing monitoring of business, health and safety, and clinical services is occurring with regular reviews and audits completed 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. The service complies with statutory and regulatory reporting obligations. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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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 and based on comprehensive information and accommodate any new problems that might arise. Files reviewed, observation and discussion with residents and whānau demonstrated that care meets the needs of residents.

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.

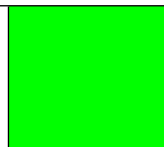
Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents, with special cultural needs and diets 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 haumaruru | Person-centred and safe environment

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

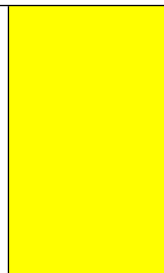


Subsections applicable to this service fully attained.

The facility is well presented and maintained, clean, and meets the needs of residents. There is a current building warrant of fitness in place. There have been no changes to the facility since the last audit.

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

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



Some subsections applicable to this service partially attained and of low risk.

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 training and IPC programme is relevant to the residents' care needs and clinical complexity. Staff were observed to carry out good IPC practices.

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.

Middlepark Senior Care aims to provide a restraint free environment. This is supported by the governing body and the organisation's policies and procedures. There were no restraints in place on the day of audit. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques and alternative interventions to restraint.

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	16	0	1	1	0	0
Criteria	0	47	0	1	1	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 Māori and Pacific people’s health policy, a Māori health plan 2022-2025 and a Māori engagement framework, which collectively outline how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. Employee records showed that they receive cultural training as part of their orientation, which was confirmed by staff at interview.</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</p>	FA	<p>The service provider has a Māori and Pacific people’s health policy in place which outlines how the organisation responds to the cultural needs of residents, and how staff are supported to ensure culturally safe practice. The organisation is embracing Pacific models of care, and is establishing relationships with Pacific cultural advisors, who can provide support and guidance when Pacific people are being supported. Staff receive education on Pacific models of care as part of their orientation training.</p>

<p>equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</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 Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. Interviews with visitors, the GP and observation of interactions between staff and residents, confirmed staff are respectful and considerate of residents' rights in line with the Code.</p> <p>Observation and interviews with residents and family confirmed that residents are made aware of their rights and that this is explained on entry to the service and during the course of interactions between staff and residents.</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>	<p>FA</p>	<p>A holistic model of health is promoted at Middlepark with an individualised approach that aims to achieve the best outcomes for all, and which respects personal values and cultural needs. Those family members and residents interviewed expressed satisfaction with the services provided by the facility. They reported that staff were respectful and that there was no evidence of abuse of any kind. Residents and family interviewed stated that they felt comfortable raising issues or concerns with management staff and that matters would be dealt with appropriately and professionally.</p> <p>Personal property and finances are respected and protected within the scope of the facility.</p> <p>Evidence was sighted both in the documentation review, such as care plans, and through observation, of the residents being treated respectfully and free of any kind of discrimination by staff. Professional boundaries were observed to be maintained by staff, and staff would knock and wait for a response before entering a resident's room.</p>
<p>Subsection 1.7: I am informed and able to make choices</p>	<p>FA</p>	<p>Residents and/or their legal representatives are provided with the</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>information necessary to make informed decisions and to give consent in line with the Code. Residents and whānau interviewed feel empowered to actively participate in decision-making and they are provided with the necessary information on which to base their decisions. The nursing and care staff observed understood the principles and practice of informed consent and of individual residents' preference in daily interactions.</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 and known best practice. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>A complaint has been made through the Health and Disability Commissioner (HDC), with a request for information, provided to HDC by the due date. Middlepark are waiting for HDC to determine if an investigation or any other action is required. There have been no other complaints received from external sources. Documentation confirmed that the business care manager had adhered to processes for investigating and resolving the three complaints that had been received since the previous audit. Each complaint had been acknowledged, investigated, and the complainant informed of the outcome, all within expected timeframes. Complaint records were held electronically, with links to associated documentation.</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</p>	<p>FA</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</p>

<p>communities they serve. 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. 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>improving outcomes for Māori and Pasifika. Oceania have a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>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. Equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control). Ethnicity data is being collected to support equity.</p> <p>Oceania has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for the Middlepark service.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager and care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>Middlepark Senior Care has 55 dual-purpose rooms, of which 34 are single rooms and 21 are care suites. The care suites comprise of six one-bedroom</p>
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		apartments and 15 studio rooms. The service holds contracts with Te Whatu Ora Waitaha for rest home and hospital level care, including respite and end-of-life care. A long-term services chronic health conditions (LTS-CHC) contract is also in place. On the day of audit, 35 people were being supported at Middlepark, with 20 residents receiving rest home care, including one funded under the LTS CHC contract. 15 residents were receiving hospital level care, including two residents funded to receive end-of-life care.
<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>Middlepark Senior Care follows Oceania’s established quality and risk management framework and processes to ensure services are delivered to reflect the principles of quality improvement processes. The organisation’s policies include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy and the quality cycle. Oceania has established systems in place to record, track and analyse quality data. This includes the Quality Compliance Audit Management (QCAM) system, which is used to capture, track and report on quality information and issues.</p> <p>On-site quality and risk monitoring includes collecting, collating and analysing quality data (such as clinical incidents) to identify trends and develop action plans as required. Quality meetings at Middlepark are combined with the staff meetings and occur monthly. There is an established agenda, and minutes showed that this is followed. The BCM discusses issues with staff and provides feedback around analysis of quality data to the team, to close the ‘quality loop.’ Quality initiatives are evaluated and discussed, and this was confirmed by records sighted and by staff at interview. Feedback from other meetings, for example the health and safety meeting and the residents’ meeting, is provided to staff at this meeting. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. There is also a senior staff meeting held each month, with representation from all areas of the service. Quality goals are discussed at these meetings, and progress on achieving goals is reviewed. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of</p>

		<p>incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>There is an established internal audit schedule in place to monitor compliance with procedures, with set audits required to be completed each month. Where the audit results indicate the need for improvement, the BCM is responsible for developing corrective action plans to address these gaps. The oversight of the internal audit programme and monitoring of any associated corrective actions is done by the BCM, with minutes showing that these are discussed at staff and quality meetings, and closed off once the improvement is implemented.</p> <p>A resident satisfaction survey was completed in March 2023, with the responses highlighting areas for improvement, for which corrective action plans have been put in place to address each of the issues. Feedback has been provided to the residents to inform them of the action taken, and to monitor progress in addressing these areas of improvement.</p> <p>Documents related to risk management showed how risks are monitored and managed within the facility, including the clinical, environmental, and human resource areas of service delivery. Health and safety policies and procedures and the hazard management programme are implemented. Staff interviewed described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. An onsite health and safety committee meets every two months and includes elected delegates. The risk and hazard register sighted was current and confirmed by staff as being kept updated.</p> <p>The organisation is focused on achieving Māori health equity through regular analyses of resident data and organisational monitoring systems.</p>
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		<p>Staff understood and have complied with essential notification reporting requirements. Records show that section 31 notifications are being submitted to funders in line with certification and funder requirements.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least two staff members on duty have a current first aid certificate.</p> <p>A sample of rosters sighted showed that a registered nurse (RN) is on site 24/7. Additional RN coverage is available during the day, with on-call RN advice available after hours. Health care assistants are employed 24/7 over three shifts, with staff assigned to work in specific areas of the facility. Gaps in rosters are covered by existing or casual staff, with agency staff used to cover shifts if they cannot be filled internally. In addition, two cleaners are rostered on each weekday, and one on weekends, with a laundry person during the week. An executive chef, a cook, and kitchen staff are employed to provide the meal service, seven days a week. Two staff are employed to provide activities and support for residents five days a week. A full-time administrator is employed, and a maintenance person three days each week. In addition to these staff, the clinical manager (RN) and the business and care manager are available to support staff.</p> <p>Continuing education is planned on an annual basis, and all staff are expected to attend an educational day once a year. These mandatory days include education and refreshers on core training requirements, such as consumer rights, informed consent, privacy, advance directives, advocacy and enduring power of attorney, equitable service delivery, Te Tiriti o Waitangi, cultural safety, and ensuring high quality care for Māori. Other core training sessions cover infection control, restraint, health and safety, and manual handling. In addition, the clinical manager (CM) presents monthly toolbox talks on a variety of subjects, and all staff are competency</p>

		<p>assessed in areas related to their roles. 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 the funder. Health care assistants interviewed had completed qualification ranging from NZQA level two through to level four.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of five staff records were reviewed, which confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, and police vetting.</p> <p>When interviewed, staff confirmed they had completed an orientation process specific to their role when they started working at Middlepark, which was confirmed in the review of staff employment files. Staff performance appraisals were completed when due, and a copy held in the employee's file. Staff confirmed they were involved in the performance appraisal process, and the setting of their goals.</p> <p>There is a system in place to record practising certificates of employees and contractors in a folder, which were current.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>Six clinical files were reviewed including two using tracer methodology; one receiving rest home level of care and one hospital level of care.</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.</p> <p>Timeframes for the initial assessment, general practitioner (GP) input and</p>

		<p>initial care plan, met contractual requirements in the files reviewed. However, three of the files reviewed had not had their long-term care plans reviewed within the required contractual timeframe. In addition, they were not aligned or integrated with the interRAI assessments. However, review of the six clinical files, observation of and discussion with residents and whānau did not highlight any areas of clinical concern.</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 GP visits the facility for a morning each week and was at the facility on the day of the audit. The GP spoke positively about the staff and the care provided to residents. Residents and whānau also stated that they were very happy with the care provided. After hours services provide clinical support to the facility when the GP is unavailable. A Te Whatu Ora Waitaha gerontology nurse specialist also provides clinical advice when requested by the facility. In the event that an ambulance is called, there is also the facility to discuss potential interventions with them and an on-call emergency department doctor.</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>	<p>FA</p>	<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 twelve 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 on the medication round 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 accurate entry and the required stock checks.</p> <p>Standing orders and verbal orders are not used.</p> <p>No residents were self-administering medication on the day of the audit but there are processes in place to safely manage this when required.</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>Interviews with family members confirmed that changes to medications and the reasons for this are explained to residents or their EPOA as appropriate.</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>An approved food control plan was sighted which expires on 28 March 2024. There is a winter and summer menu which has been reviewed by a dietician, but personal and cultural preferences can be catered for on an individual basis when required.</p> <p>Residents' food preferences, allergies, intolerances and dietary needs are discussed and documented on admission to the facility and this information is recorded in the resident file and sent to the kitchen. Discussion with the head chef and observation confirmed that this information is displayed clearly in the kitchen so that all staff are aware of individual dietary needs, and food can be served to the residents accordingly.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</p>	FA	<p>Transfer or discharge from the facility is planned and managed safely to cover current needs and to mitigate risk. The plan is developed with</p>

<p>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>		<p>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. A transfer document is used when transferring residents by ambulance to hospital. Whānau reported being kept well informed during the transfer of their relatives. Information provided includes falls risk, mobility and aids, continence, vision and hearing, as well as clinical presentation at the time of transfer.</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>FA</p>	<p>Middlepark Senior Care is a well-maintained rest home facility, located in a quiet suburban setting, away from busy roads. Of the 55 rooms, 32 rooms have full ensuites, eight rooms share an ensuite with the neighbouring room, and 15 rooms have a partial ensuite (basin and toilet). There are two shared bathrooms, which are used by sixteen residents.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) meet their cultural needs, are fit for their purpose, well maintained and that they meet legislative requirements. There was a current building warrant of fitness which expires on 01 June 2024. The maintenance person follows a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, beds and hoists, hot water temperature testing, egress, emergency systems, and inspection of internal and external areas was confirmed by interview and completed records. Reactive maintenance is attended to in a timely manner. The testing and tagging of electrical equipment is completed by the maintenance staff, and residents' items are checked on admission or as required.</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</p>	<p>FA</p>	<p>The clinical manager (CM) is responsible for the oversight and of implementing the IP and AMS programme, with reporting lines to the business care manager (BCM) and wider organisation through clinical governance structures. The programme is approved by the organisation-</p>

<p>my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>wide governance body and linked to the organisation's overall quality improvement. The training and IPC programme is relevant to the residents' care needs and clinical complexity.</p> <p>The RN has completed relevant training and collates the monthly reports. The infection recording database was viewed with an example of the monthly and annual reports. There is evidence of the facility IC monthly meetings, including IP as an agenda item on the registered nurse and health care assistant team meetings.</p> <p>The CM is trained in IPC and receives support and advice from within the wider organisation and community and public health team when necessary.</p> <p>Staff induction and orientation includes IPC, evidenced in staff personnel files reviewed. Infection prevention updates are included in monthly staff team meetings. Staff were observed to carry out good IPC principles, with handwashing and sanitising in-between residents on medication rounds and between residents' care provision.</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>PA Low</p>	<p>Surveillance of infection data within the facility is collected and is appropriate for its size, complexity and types of service being provided.</p> <p>The current database and collection tools used to collect data utilise standard surveillance definitions. Surveillance data viewed did not include ethnicity data collection, or critical analysis of the infection data, which was identified as an area for improvement. Monthly data is collated and reported to the BCM by the CM and up through the organisation's clinical governance framework. Results are reported to the governing body and shared with staff at team meetings.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to</p>	<p>FA</p>	<p>Oceania Healthcare Limited governance and senior management are committed to their care homes being restraint-free environments. An</p>

<p>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>analysis of organisational-wide restraint is reported at every board meeting. At the time of this audit there were no restraints in place at Middlepark, which had been the case for seven months.</p> <p>The organisation's policies and procedures meet the requirements of this standard, and include comprehensive assessment, approval, monitoring and review processes if a restraint was required by a resident. The CM is appointed as the restraint coordinator and meets with other restraint coordinators every two months to discuss restraint use and elimination.</p> <p>Staff have received training about restraint use and least restrictive practices, cultural-specific interventions, and de-escalation techniques.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed collaboratively through the</p>	<p>PA</p> <p>Moderate</p>	<p>Six clinical files were reviewed. Three of these had long-term care plans that had not been reviewed or updated within the required contractual timeframe. These were overdue by up to eight weeks. In addition, they were not aligned or integrated with the corresponding interRAI assessments. Review of the clinical notes did confirm that safe and appropriate care is being provided and accurate care needs are being documented appropriately in the clinical notes despite care plans being overdue. The clinical manager has a record of when these assessments and care plans are due and reports that there is a plan in place resolve the current backlog. The three residents concerned were spoken to as were two family members, and all expressed</p>	<p>Planned review of these residents' care was not being undertaken within the required defined timeframe.</p>	<p>The review dates of long-term care plans in all residents' files meet contractual requirements and accurately reflect the residents' current needs. The long-term care plan review dates align with those of the interRAI assessments.</p> <p>90 days</p>

<p>ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>satisfaction with the care provided.</p>		
<p>Criterion 5.4.3 Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>The infection reporting register for a two month period was reviewed, together with the meeting minutes from the two recent monthly registered nurse and health care assistant meetings. Infections were reported by infection type but there was no evidence viewed of any substantial analysis being completed, including causative or preventive measures identified to improve clinical practice. The reporting register and staff meeting notes did not collect or identify ethnicity of the resident.</p>	<p>Whilst there are surveillance methods in place, there is limited evidence of analysis of infections data to support critical thinking and recommendations for further education, training, or changes in practice. Ethnicity data is not being captured.</p>	<p>Implement surveillance methods and analysis inclusive of collection of ethnicity data. 180 days</p>

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.

No data to display

End of the report.