

Oceania Care Company Limited - Heretaunga Home & 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Heretaunga Home & Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 November 2023 End date: 8 November 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:	55

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

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

Key to the indicators

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

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

General overview of the audit

Heretaunga Rest Home and Village is certified to provide rest home, hospital and secure dementia care services for up to 58 residents. This facility is owned and operated by Oceania Healthcare, which is an operator of residential aged-care and retirement village facilities in New Zealand.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the service's contracts with Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley. It included review of relevant policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and allied health professionals associated with the service. Residents and whānau were complimentary about the care provided.

No areas requiring improvement were identified at the previous audit. Improvements required in respect of this audit relate to the contractual requirement to have dementia qualified staff working in the secure dementia unit, staff education, and medication room temperature storage capability.

Ō tātou 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.

Heretaunga Rest Home and Village provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. The service collaborated with external Māori supports, including the local Orongomai Marae, to encourage a Māori worldview of health in service delivery. Systems are in place to enable the service to provide equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). There were no residents who identified as Māori residing at Heretaunga Rest Home and Village on the days of audit; however, there were staff employed who identified as Māori.

There was a Pasifika resident and a number of Pasifika staff in Heretaunga Rest Home and Village at the time of the audit. Systems and processes were in place to enable the resident to be provided with services that recognised their worldviews and were culturally safe.

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

Complaints were resolved promptly and effectively in collaboration with all parties involved. Whilst none of the complaints received had been from Māori, there were processes in place to ensure that the complaints process works equitably for Māori, including access to support from kaumatua from Orongomai Marae.

Hunga mahi me te hanganga | Workforce and structure

Includes five 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 medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope, and goals of the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided by Heretaunga Rest Home and Village.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated.

There is an education programme in place that includes competencies relevant to the services offered by Heretaunga Rest Home and Village.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes eight 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 residents were admitted to Heretaunga Rest Home and Village a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau and that care plans had been evaluated on a regular and timely basis.

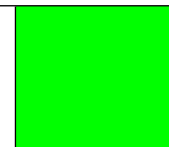
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

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



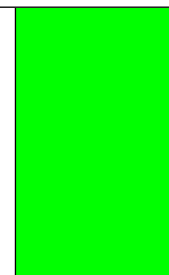
Subsections applicable to this service fully attained.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. External areas are accessible, safe, and secure. Shade and seating in garden areas meet the needs of residents, including people with disabilities.

There have been no changes to the building or evacuation planning since the previous audit.

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

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



Subsections applicable to this service fully attained.

The governing body, business and care manager, clinical manager and the infection control coordinator at Heretaunga Rest Home and Village ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service.

It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Results were monitored and shared with the organisation's management, staff and to governance. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

Includes four 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 working towards being a restraint-free environment. This is supported by the governing body and policies and procedures. There were two residents using restraints at Heretaunga Rest Home and Village at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews occurs for any restraint used.

Restraint education/training is included at orientation and then annually, and competencies are assessed. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	0	2	0	0
Criteria	0	46	0	0	3	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.

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. 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>Heretaunga Rest Home and Village (Heretaunga) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Heretaunga has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model of care, and by ensuring mana motuhake (self-determination) is respected. The plan has been developed with input from cultural advisers and can be used for residents who identify as Māori. There were no residents who identified as Māori in the facility during the audit.</p> <p>Residents and their whānau interviewed reported that staff respected their right to self-determination, and they felt safe.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by</p>	FA	<p>A Pacific peoples' health plan, and policy and procedure around culturally safe care and diversity and inclusion has been developed at organisational level with input from cultural advisers. It documents care requirements for Pacific peoples to ensure culturally appropriate services. The Fonofale model of care is utilised for Pasifika residents.</p> <p>There was a resident who identified as Pasifika in the facility during the audit; they reported that their worldview, cultural and spiritual beliefs were embraced. Individualised care planning for the Pasifika resident was</p>

<p>Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>appropriate to meet their cultural and spiritual needs.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. There had not, however, been any education/training provided on the Code in 2023 (refer criterion 2.3.4).</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. The Code was on display in English, te reo Māori, and New Zealand Sign Language (NZSL) throughout the facility. Brochures on the Code and the Advocacy Service were included in the residents' admission pack, with additional brochures available at reception.</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>Employment practices at Heretaunga included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Whilst there had been no specific education/training on abuse and neglect (refer criterion 2.3.4), staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents reported that their property was respected. Professional boundaries were maintained.</p> <p>Seven residents and five whānau interviewed expressed satisfaction with the services provided by the staff at Heretaunga.</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</p>	<p>FA</p>	<p>Residents at Heretaunga and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed</p>

<p>with information that supports me to understand why. 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. 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>consent. Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the residents' records. Files reviewed of residents in the secure unit contained a specialist's authorisation for the resident to receive care in a secure unit, and an enduring power of attorney (EPOA) that had been activated.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. Documentation sighted for 12 complaints received in the last 12 months showed that the complaints had been addressed in a timely manner and that the complainants had been informed of the outcome of their complaint. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support from kaumatua from the Orongomai Marae, hui, and tikanga practices specific to the resident or the complainant). There have been no other complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance</p>	<p>FA</p>	<p>The governing body 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 has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information</p>

<p>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>garnered from these sources translates into policy and procedure.</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, and specialised equipment (eg, information in other languages for the Code of Rights, infection prevention and control, access to equipment needed by residents). Heretaunga utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</p> <p>Oceania has a strategic plan in place which outlines the organisation’s structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Heretaunga’s service. Cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (e.g., adverse events, complaints, internal audit activities) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is made to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>The clinical governance structure in place at Heretaunga is appropriate to the size and complexity of the service. Both the business and care manager (BCM) and the clinical manager (CM) at Heretaunga are experienced registered nurses (RNs). The BCM and CM both confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley (Te Whatu Ora Capital, Coast and Hutt Valley) for aged-related residential care (ARRC) for rest home, hospital, and secure dementia care services. Some of the residents reside in care suites which are bought under an occupational rights agreement (ARRC in ORA).</p>
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		<p>Fifty-five (55) residents were receiving services on the day of audit. Thirteen (13) were receiving rest home services (including eight in ARRC in ORA care suites), 23 were receiving hospital level services (including nine in ARRC in ORA care suites and one resident who was residing in the dementia unit with a dispensation from Te Whatu Ora Capital, Coast, and Hutt Valley in place while reassessment back to dementia care is taking place), and 18 were receiving secure dementia care services. One resident in a care suite was private and did not have an ARRC agreement in place.</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>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents, accidents, and hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM and CM both understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. There have been five section 31 notifications completed since the last audit, two in relation to the change in the BCM (firstly in an acting capacity and then as a permanent appointment), one for a CM change and two for pressure injury (one stage 3 and one unstageable).</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>PA Moderate</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 one staff member on duty has a current first aid certificate, and there is 24/7 RN coverage in the hospital.</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha, but this has not been delivered for all staff in 2023 (refer criteria 2.3.4). Related competencies are assessed and support equitable service delivery, and these have been completed. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Capital, Coast and Hutt Valley; however, only four staff have completed the appropriate dementia education to allow them to work in the secure dementia unit and five have commenced the programme (refer criterion 2.3.2).</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</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</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses (RNs) and associated health contractors (general practitioners (GPs), nurse</p>

<p>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>practitioner (NP), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of six staff records of recent staff employed, evidenced completed induction and orientation and this was confirmed by staff. Staff performance is reviewed and discussed at regular intervals; this was confirmed through review of documentation in six staff records and also confirmed through interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Heretaunga worked in partnership with the residents and their whānau to support the residents' wellbeing. Eleven residents' files were reviewed: six hospital files, two rest home files, and three files of residents who were receiving care in the secure dementia unit. These files included residents who had had an acute event requiring transfer to an acute facility, a resident with a pressure injury, residents at risk of developing pressure injuries, residents with a wound, residents with behaviours that challenge, residents with a recent injury, residents with compromised mobility, residents with diverse cultural needs, and residents with several co-morbidities.</p> <p>The files reviewed verified the RN developed the residents' plan of care following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessments were based on a range of clinical assessments and included the resident and their whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) or nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and their whānau. Residents and their whānau confirmed active involvement in the process. Residents in the secure unit had behaviour assessments and</p>

		<p>behaviour management plans that included triggers to behaviours and strategies to minimise those triggers. All care plans in the secure unit included a 24-hour plan that addressed the residents' previous lifestyle patterns. A resident reviewed with a previous large stage three pressure injury, notified to Manatū Hauora (Ministry of Health) via a section 31 notification on September 4 2023, was noted to no longer have that injury at this audit, following a successful wound management regime being implemented with support from the wound care nurse specialist. A resident with an unstageable pressure injury from ill-fitting shoes, had a section 31 notification made on 3 October 2023. The wound is noted as being managed in accordance with best practice guidelines. Heretaunga's commitment to minimise or resolve pressure injuries was recognised as an area of continuous improvement in the October 2021 audit (HDSS 2008: 1.1.8.1). The evidence verifies the facility's commitment remains ongoing; however, there was no ongoing documentation to evidence a formal review process including analysis had been undertaken since the last audit.</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>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored securely, including controlled drugs. The required stock checks were completed. The medicines, however, could not be evidenced as being stored within the recommended temperature range (refer criterion 3.4.1).</p> <p>There were no vaccines being stored onsite.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used</p>

		<p>at Heretaunga.</p> <p>Self-administration of medication was facilitated and managed safely. Residents and their whānau were supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food service provided at Heretaunga was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian in March 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Heretaunga on 17 May 2023. Three areas requiring corrective action were identified; these had been addressed, and the plan was verified for 18 months. The plan is due for re-audit on 17 November 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Food was available in the secure dementia unit at any time, night or day.</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</p>	FA	<p>Transfer or discharge from Heretaunga was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and their whānau.</p>

<p>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>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements. There is a garden with seating and shade available for leisure activities for the residents in the secure dementia unit.</p> <p>The building has a warrant of fitness which expires on 17 August 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme was appropriate to the size and complexity of the service, had been approved by the governing body, was linked to the quality improvement system, and was reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues, and noteworthy events to the governing body.</p> <p>Staff were familiar with policies through education during orientation and were observed following these correctly. A training session for HCAs and residents' family on antimicrobial stewardship was provided in April 2023 by the infection control coordinator (ICC). Ongoing training regarding isolation, donning and doffing and handwashing has been provided to staff on a one-on-one basis, as evidenced by observations, interviews, and the</p>

		management of outbreaks. RNs have attended training in IP. There had, however, been no other formal training on IP in 2023 (refer criterion 2.3.4).
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Heretaunga undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Heretaunga used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff.</p> <p>Heretaunga had a COVID-19 outbreak in November 2023. Evidence verified it was well contained and minimal numbers of residents were affected.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Oceania is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide restraint. Heretaunga is working to reduce the number of restraints used in the facility. Currently there are two residents using restraint: one a lap belt and the other a bed rail. There are strategies in place to support the elimination of restraint, including an investment in equipment (eg, use of 'intentional rounding' to help prevent falls, use of high/low beds and sensor mats). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board. All restraint in use had a restraint assessment, consent to use restraint (which included consent from the EPOA and the GP or NP), evaluations at appropriate intervals, and completed restraint monitoring.</p> <p>Staff have not been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023 education programme (refer criterion 2.3.4), but restraint protocols are covered in the orientation programme of the facility and care staff had completed annual restraint competency. Staff interviewed were</p>

		knowledgeable about the legalities of the use of the restraint process, alternatives to restraint use, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring.
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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 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	<p>PA</p> <p>Moderate</p>	<p>Staff working in the secure dementia unit are required under E4.5(f) of the Te Whatu Ora Capital, Coast and Hutt Valley, Age-Related Residential Care Services Agreement, to complete education specific to dementia care (NZQA papers 23920, 23921, 32416, and 23923). At Heretaunga four staff have completed the programme and five have commenced it. Four weeks of roster was reviewed (28 days/84 shifts). There were no dementia qualified staff members on duty on 36 occasions over the time period: 18 morning shifts, three afternoon shifts, and 15 night shifts.</p>	<p>Not all shifts in the secure dementia area were covered by staff who have started or completed education specific to dementia care as required under E4.5(f) of the Te Whatu Ora Capital, Coast and Hutt Valley, Age-Related Residential Care Services Agreement.</p>	<p>Provide evidence that all shifts in the secure dementia area are being covered by staff who have started or completed education specific to dementia care as required under E4.5(f) of the Te Whatu Ora Capital, Coast and Hutt Valley, Age-Related Residential Care Services Agreement.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall</p>	<p>PA</p> <p>Moderate</p>	<p>Registered nurses (RNs) employed in the service have completed education</p>	<p>The education/training programme for HCAs and</p>	<p>Provide evidence that the education/training programme for</p>

<p>ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>		<p>relevant to their role. Health care assistants (HCAs) and support staff (e.g., administration, recreation, and housekeeping) are meant to attend a one-day (GEM) study day annually. The study day covers the required elements of the education/training programme (e.g., Code of Rights, abuse and neglect, informed consent, infection prevention and control, caring for people with dementia, behaviours that challenge, restraint). No study day has been held in the facility since October 2022. Some education has been provided: grief and loss (17 attendees), the Fonofale model of care (2 attendees), diabetes education (17 attendees), nutrition and hydration and modified diets (13 attendees), wound care (19 attendees) medication management (15 attendees), Parkinson's disease (23 attendees) and fire and emergency management (all staff). A training session for HCAs and residents' family on antimicrobial stewardship was provided in April 2023 by the infection control coordinator (ICC); evidence of this was sighted in meeting minutes.</p>	<p>support staff is not being facilitated annually.</p>	<p>HCAs and support staff is being facilitated annually.</p> <p>90 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. Medications were stored securely, including</p>	<p>The present medication storage system has no mechanism in place to keep the temperature required for the storage of medications within the required temperature range.</p>	<p>Provide evidence that there is a system in place to enable medications to be stored within the required temperature range.</p>

		<p>controlled drugs. Storage, however, was in an internal cupboard, with no air flow, windows, or a mechanism to adjust the room's temperature and ensure medications can be stored below the required 25 degrees. There was monitoring of the room's temperature and recent records show the temperature at 27.7 degrees in October. There was no mechanism in place to allow the temperature of the room to be reduced. The required stock checks were completed.</p>		<p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.