

Oceania Care Company Limited - Remuera Rise

Introduction

This report records the results of a Provisional 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: Remuera Rise

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

Dates of audit: Start date: 19 May 2022 End date: 20 May 2022

Proposed changes to current services (if any): A provisional audit was required as the Remuera Rise retirement village complex is in the process of being sold and a change of ownership and management is imminent. The sale is expected to go through late June, early July 2022.

Total beds occupied across all premises included in the audit on the first day of the audit: 12



Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Remuera Rise is a boutique care facility within a retirement village owned and operated by LifeCare Residences. It provides rest home and hospital level aged care services for up to 12 residents. This provisional audit was required due to a proposed sale of the facility to Oceania Healthcare.

This provisional audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, a board member, a representative from the prospective purchaser and a general practitioner.

Improvements are required to the system for the registration of complaints, staffing levels and short-term care plans for infections.

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.		Some subsections applicable to this service partially attained and of low risk
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Remuera Rise works collaboratively to support and encourage a Māori world view of health. Staff are supported to understand Te Tiriti o Waitangi and the principles of mana motuhake.

Plans are in place to ensure any Pacific peoples will be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy to understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Residents are aware of how to make a complaint. Complaints are investigated and resolved in collaboration with involvement of the complainant.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of 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 raising awareness of having meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. The prospective provider has progressed these concepts.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified, and mitigation strategies implemented.

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

Staffing levels and skill mix are monitored. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk
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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, based on comprehensive information and accommodate any new problems that might arise.

Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

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

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

Residents are referred or transferred to other health services as required

Te aro ki te tangata me te taiao 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.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are small and provide shade and seating.

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

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

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

Subsections applicable to this service fully attained.

The 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.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

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

The environment supports prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service provides a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using any restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	0	153	0	2	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>Remuera Rise uses established policies and procedures to assist them in embedding and enacting Te Tiriti o Waitangi in all aspects of its work. This is reflected in the organisation’s values. An activities coordinator who identifies as Māori was to commence at the facility the week following the audit, otherwise there are no other Māori staff and there are no Māori residents. Staff interviewed were aware of tikanga and basic concepts around cultural safety for Māori residents. There is a staff wellness and healthy workplace culture policy.</p> <p>A Māori health plan has been developed with input from cultural advisers/local iwi and is used for residents who identify as Māori. With a high population of Asian people in this district, staff and managers talked of cultural safety from a broader perspective.</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</p>	FA	<p>An Ola Manuia Pacific Health and Wellbeing Action Plan that would support culturally safe practices for Pacific peoples using the service is in place. Although there are not currently any residents from the Pacific, around fifty percent of staff are from the Pacific islands’</p>

<p>enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>region. Staff confirmed they would support the organisation to work in partnership with Pacific communities and organisations should this be required, or if a Pacific person was admitted. They also expressed confidence that Pacific people's worldview, cultural and spiritual beliefs would be embraced.</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. 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.</p> <p>The manager from prospective provider was interviewed and confirmed they are fully conversant with the Code and actively upholding it in the multiple facilities it is already responsible for and where they are meeting the requirements of the standard.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Some residents share a bathroom and have consented for this.</p> <p>Te reo Māori and tikanga Māori are promoted within the service currently with activities teaching some te reo Māori as part of the activity programme. There are plans to link with local iwi to ensure any future Māori residents, including tāngata whaikaha, will have their</p>

		needs met and they will be enabled to participate in te ao Māori. A representative of the prospective purchaser described the planned processes to ensure they work in partnership with iwi and Māori organisations.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. Residents reported that their property is respected. Professional boundaries are maintained. An example of the wholistic Māori model of health, te whare tapa wha, was sighted as being in use.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	Residents and whānau reported that communication was open and effective, and they felt listened too. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Staff knew how to access interpreter services, if required.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages</p>	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing, and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.

<p>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>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>	PA Low	<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. Information about how to make a complaint is readily available. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>There is a complaint register, which showed 16 complaints have been filed since December 2021. The majority of these are about missing or damaged clothing items of residents. A corrective action has been raised due to gaps in the recorded information, including whether complainants have been informed of findings following investigation.</p> <p>A Health and Disability Commission (HDC) complaint from April 2020 remains open. To date, no recommendations have been provided to the service provider. The team is currently waiting on a response from the HDC following evidence provided to them in February 2022.</p> <p>During interview with the prospective provider, they confirmed awareness of the complaint under investigation.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational</p>	FA	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <p>defining a governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the organisation</p> <p>appointing an experienced and suitably qualified person to manage the service</p>

<p>operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals</p> <p>demonstrating leadership and commitment to quality and risk management</p> <p>The company 'Lifecare Residences' currently responsible for Remuera Rise has experience in the industry. It operates one other independent living village in New Zealand and three others in the United Kingdom. A business plan January to December 2022 includes the vision and philosophy of care, goals, objectives, and monitoring of these for Remuera Rise. During interview, the executive director confirmed that appropriate and adequate reporting processes around the monitoring of performances, including for clinical outcomes, is being provided to the governance board in quarterly reports and was further evidenced in board meeting minutes. A sample of reports to the board of directors were also viewed. A separate overarching company strategic plan was not sighted and was not required for this audit.</p> <p>The village manager and the clinical manager both confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field. A village general manager, operations, has direct links with the governance board but was not available for the audit.</p> <p>During interview with a representative manager of the prospective provider, this person confirmed that as a large provider of aged care services they have an established organisational structure. A transition plan is not yet available but there are plans to develop one after the legal team and the quality compliance and audit coordinator have visited the site in two weeks' time. There are no known specific plans to make any changes and 'business as usual' is expected; however, there is an awareness a reconfiguration of space may be required to enable a private space/whānau room to be set up. Systems currently in place cannot demonstrate how the governance body could be certain that service providers are improving outcomes</p>
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		<p>and achieving equity for Māori or for tāngata whaikaha people with disabilities. There is also no meaningful Māori representation on the board of directors and none of the current members are able to demonstrate expertise in Te Tiriti, health equity, and cultural safety as core competencies. The Oceania manager interviewed assured that these issues are being addressed within their organisation.</p> <p>The service holds contracts with the District Health Board to provide rest home and hospital level care under the Aged Related Residential Care Agreement. Twelve residents were receiving care under this agreement on the day of audit with ten people receiving hospital care, one rest home and one respite care. The care facility sits within a large retirement village with multi-storey apartments.</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 involves monitoring and review processes. This is provided with support from an external quality consultancy. Organisational policies and procedures cover all necessary aspects of the service and contractual requirements. These have been regularly reviewed and were current. Other components of the system include management of incidents/accidents and complaints, internal audit processes, annual resident and staff satisfaction surveys and monitoring of key performance indicator outcomes including infections and restraint. Critical analysis of aspects of quality related data occurs and progress against quality outcomes is evaluated.</p> <p>Residents, whānau and staff contribute to quality improvement through meeting attendances, keeping management informed and reporting issues and concerns. A residents' satisfaction survey was not completed in 2021 due to the COVID-19 pandemic; however, a staff survey was completed. Fourteen responses verified staff believed their workload was reasonable, one person suggested there is insufficient training, and one person commented on not being able to express concerns.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. This was especially evident for internal audit outcomes. Improvement opportunities emerging through the quality</p>

		<p>and risk system included an upgrade of the call bell system and a review of the hazard register</p> <p>The facility manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed. Incidents are entered into an electronic system for the investigation and follow-up process. Records viewed confirmed incidents were investigated, action plans developed and actions followed-up in a timely manner.</p> <p>The facility manager understood essential notification reporting requirements, although no such reports have been required since the last audit.</p> <p>According to an interview with a representative from Oceania Healthcare (the prospective purchaser), all management, quality and risk management systems and technology programmes will be implemented into Remuera Rise.</p> <p>Relevant people within the Ministry of Health and the District Health Board have been advised of the planned sale.</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</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 these expectations and to serve the changing needs of residents. Care staff commented on staff changes and how stressful this can become. Residents and whānau expressed concern for busy staff. A review of the roster revealed the realities of passing comments about challenges around staffing levels and the limited experience of some, and a corrective action is raised accordingly.</p> <p>Each shift has a 'first aider' on duty as all Remuera Rise health care assistants and registered nurses have a current first aid certificate.</p>

<p>services.</p>		<p>There has consistently been 24/7 registered nurse coverage as required by the hospital care contract. Only registered nurses administer medicines, and all have a current medication competency.</p> <p>Continuing education is planned on an annual basis as viewed on a 2022 documented training schedule. This included mandatory training requirements. Related competencies are assessed and support equitable service delivery. Training records demonstrated that some topics were not covered in 2021 due to COVID-19; however, reports and records sighted showed efforts are being made to get back on track with the increasing use of on-line and worksheet options. Care staff who have expressed a desire to do so have either completed or commenced a New Zealand Qualification Authority education programme. Staff records reviewed demonstrated training and competency assessments are recorded.</p> <p>Other than the workload, staff reported feeling well supported and safe in the workplace. Managers have open door policies, there are two other staff who have been identified as empathetic when staff are stressed and there is union support for members.</p> <p>The manager from the prospective purchaser who was interviewed confirmed there were no plans to change anything related to human resources and staffing personnel except to implement their own documentation and systems. This will include their own policies and procedures for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7), which is proving satisfactory in their other established facilities. The Oceania manager also confirmed that their systems will enable the collection and sharing of Māori health information, which is not currently occurring.</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>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's human resource policies are being consistently implemented. Annual practising certificates of health professionals involved in resident's care are</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>checked each year and these records are retained.</p> <p>Checklists of training topics, required information and competencies for new staff orientation programmes are being completed, signed, and filed.</p> <p>Three of five registered nurses have current competencies for interRAI assessment.</p> <p>Staff records reviewed confirmed staff performance is reviewed and discussed with the clinical, or village manager, on an annual basis.</p> <p>Information held about health care and support workers is relevant and held securely to ensure confidentiality. Ethnicity data is recorded and used in accordance with health information standards requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's human resource policies are being consistently implemented. Annual practising certificates of health professionals involved in resident's care are checked each year and these records are retained.</p> <p>Checklists of training topics, required information and competencies for new staff orientation programmes are being completed, signed, and filed.</p> <p>Three of five registered nurses have current competencies for interRAI assessment.</p> <p>Staff records reviewed confirmed staff performance is reviewed and discussed with the clinical, or village manager, on an annual basis.</p> <p>Information held about health care and support workers is relevant and held securely to ensure confidentiality. Ethnicity data is recorded and used in accordance with health information standards</p>

		<p>requirements.</p> <p>necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards.</p> <p>Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for NHI registration, therefore criterion 2.5.3 is rated as not applicable.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission. Files reviewed met contractual requirements.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed including decline rates for Māori. A representative of the prospective purchaser, described how systems are being established within their organisation to ensure they will work in partnership with iwi and Māori organisations for better service integration, planning, and support for Māori.</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</p>	PA Low	<p>The multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment is based on a range of clinical assessments and includes</p>

<p>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>resident and whānau input. Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, the physiotherapist and from observations.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability. A corrective action has been raised due to a lack of short-term care plans for people with an infection. As there are not currently any Māori residents, it was not possible for them to demonstrate that service providers understand Māori constructs of oranga, nor their implementation.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>An experienced activities coordinator provides an activities programme that supports residents to maintain and develop their interests. The programme was suitable for the residents' ages and stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interest and ordinary patterns of life. Normal community activities have been provided historically and are to recommence when the COVID-19 government risk classification is lowered. Opportunities for Māori and whānau to participate in te ao Māori are facilitated.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>FA</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 observed on</p>

<p>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>the day of audit. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range on the days of audit.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, are 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>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>

<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Current information is prepared to accompany the resident. Whānau reported being kept well informed during the transfer of their relative.</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>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Examples included up to date records of testing and tagging of electrical equipment and of medical equipment calibration checks. A current building warrant of fitness was on display (expiry date 31 July 2021) and there was an effective repair and maintenance system.</p> <p>Other than the combined lounge, activity and dining room being smaller in size, the internal environment was comfortable and accessible. Personalised equipment, including ceiling mounted hoists, was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. All bedrooms have their own accessible ensuite, except for four rooms, which share two ensuites. An additional toilet/bathroom is available.</p> <p>The care facility is set within a large retirement village with professionally landscaped gardens. Other than going into the larger village gardens, residents have access to a very small patio area. Only a few residents use this area on a regular basis.</p> <p>Residents and whānau were happy with the environment, including</p>

		<p>heating and ventilation (via heat pumps), privacy and maintenance. They have been advised of proposed management changes.</p> <p>As noted above, the prospective provider's representative was aware of the probable need to review room space in an effort to find a suitable space for a quiet area/whānau room.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been approved by the New Zealand Fire Service (dated 26 June 2013) and a copy of this is available and trial evacuations maintained (last undertaken 3 March 2022). Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. There is a civil defence checklist, and a generator is available. All health care assistants and registered nurses undertake training in first aid and emergency response.</p> <p>A new call bell system linked to remote switches for residents' televisions has been installed and are used to alert staff to residents requiring assistance. These are available as a wall mounted push bell and a personal pendant. Residents and whānau reported staff now respond promptly to call bells.</p> <p>Appropriate security arrangements, security cameras and nightly security checks are in place.</p> <p>Residents and whānau were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. The quality consultant ensures it remains updated and is current. Expertise and advice are sought following a defined process. A documented pathway supports quarterly reporting of progress, issues,</p>

<p>of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested with the challenges presented by COVID-19. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. To date, an outbreak of COVID-19 within the care facility has been prevented. Reports to the executive board and to the district health board have been signed off.</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>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with clear reporting lines to senior management and the governance group. The IPCC has appropriate skills and knowledge for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs. Appropriate COVID-19 prevention systems are in place and have been discussed with residents and their whānau.</p> <p>Although infection prevention resources in te reo are not currently available, these are in the process of being accessed. The prospective provider has established systems to work in partnership with local iwi and Māori organisations to support culturally safe infection prevention practices for Māori. Staff training is planned to ensure cultural safety in relation to infection prevention practices for Maori.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Specimens are sent for culture and a full clinical picture is developed prior to a medical consultation being sort. Antibiotic use is monitored by the clinical manager.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. There has not been an infection outbreak within the last two years. Correct monitoring and reporting were evident for two residents who were positive for COVID-19. Learnings from the event have now been incorporated into practice including the addition of adding ethnicity data to be collected.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms. Cleaning staff are clear in their understanding of the infection prevention and control procedures and maintained safe practices for management of chemicals. Hand sanitizer is readily available and placed appropriately for ease of use. Material safety data sheets are available where chemicals are stored. Waste is categorised and disposed of as per the relevant documented policies and procedures. Private contractors remove waste from the site according to the various categories, including sharps, recycling, and general waste. Laundry is undertaken on site with clean/dirty flow clearly marked and</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>		<p>documented procedures used. Internal audits on infection prevention and control practices, cleaning and laundry are undertaken according to the schedule within the quality and risk management system and results are reported through staff meetings. The IP coordinator/ clinical manager oversees all facility related monitoring and review processes to ensure infection prevention protocols are maintained.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint free environment is one of the aims of the service and part of the philosophy of the service as signed off by the governance group. The representative for Oceania confirmed the organisation supports this philosophy. At the time of audit, no residents were using a restraint, and this has reportedly been the case for at least two years, possibly more. Records of this are provided in quarterly reports to the board of directors.</p> <p>Policies and procedures meet the requirements of the restraint minimisation standards. The restraint coordinator, which is the clinical manager, has a defined role to provide support and oversight for any restraint management. To date their primary role has been to ensure staff have completed training in least restrictive practices, safe restraint practice, alternative cultural-specific interventions, managing challenging behaviours and de-escalation techniques. Records confirm all staff have completed relevant training and completed restraint competency.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	A complaint register is used to record the different stages of complaint management. There is a range of information including dates, signatures, investigation details, follow-ups and notification of the outcome to the complainant that is missing from the organisation's complaint register. Due to the gaps in some sections of this register and insufficient details in others, the register does not clearly demonstrate that all aspects of complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights.	The complaint register does not clearly demonstrate that all aspects of complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights as there are omissions in the records and a lack of detail regarding follow-up and contact with the complainant.	<p>The complaint register is a true and accurate record of the investigation, follow-up and reporting process of all complaints.</p> <p>180 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient</p>	PA Moderate	Reviews of four weeks of rosters, interviews with managers, staff, residents and whānau and observations at audit were	There are not always sufficient health care and support workers to provide continuity of care and to	Sufficient health care and support workers are on duty at all times

<p>health care and support workers on duty at all times to provide culturally and clinically safe services.</p>		<p>made. Findings showed that to maintain safe staffing levels, the clinical manager is regularly needing to step in as a duty registered nurse, including on night shifts. A significant number of agency staff from four different agencies are used each week. Staff may work more than the five consecutive shift limit and shifts may extend to 12 hours in length. There are also some support worker shifts that have not been able to be filled. Many staff had only been employed over the past 12 months and turnover is high.</p>	<p>guarantee services are culturally and clinically safe.</p>	<p>to provide culturally and clinically safe services for residents.</p> <p>90 days</p>
<p>Criterion 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>In review of five separate infection forms it was identified there was no short-term care plan as indicated in the infection form. Without the short-term care plans there was no clear and comprehensive instructions for the staff to follow to provide care to assist the residents towards their goals. There was evidence of the infection being recorded in the progress notes; however, no clear plan of care was available for staff to follow. All residents receiving antibiotics were entered in the infection log for the period reviewed. The GP stated there were no concerns regarding the delivery of care necessary for these infections.</p>	<p>Short term care plans for diagnosed infections are not always being developed and included in the resident's service delivery plan.</p>	<p>A short-term care plan is developed and included in the resident's service delivery plan in a timely manner whenever an infection is diagnosed.</p> <p>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.