

# Oceania Care Company Limited - Te Mana Rest Home

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Te Mana Rest Home

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

**Dates of audit:** Start date: 18 May 2023 End date: 18 May 2023

**Proposed changes to current services (if any):** None

**Total beds occupied across all premises included in the audit on the first day of the audit:** 46

# Executive summary of the audit

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## 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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Te Mana Rest Home is part of Oceania Healthcare Limited. The care facility can provide services for up to 46 residents requiring rest home or hospital levels of care. On the day of audit, the facility was full, with 46 residents.

There have been no significant changes to the service or the building since the previous audit in 2021.

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

No areas that required improvement were identified during this audit.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Oceania has a Māori and Pacific people health policy in place. The policy outlines Oceania’s commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Te Mana works collaboratively to support and encourage a Māori world view of health in service delivery. The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce. This is embedded in policy and Oceania actively recruits Māori and Pasifika into its service where it is able.

Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Staff were observed to engage with residents in a culturally safe way. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Principles of mana motuhake practice were shown in service delivery. Systems are in place to ensure that residents are safe and protected from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Whānau and legal representatives are involved in decision making that complies with the law.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Te Mana. Consultation with Māori is occurring at governance level, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope, and goals for the organisation and of the facility are defined. Suitably qualified and experienced people manage the service. Ongoing monitoring of business, health and safety, and clinical services is occurring with regular reviews according to predetermined schedules.

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

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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Residents are assessed before entry to the service to confirm the level of care required. The nursing team is responsible for the assessment, development, and evaluation of care plans. Care plans are individualised and based on the residents' assessed needs and routines. Interventions are appropriate and evaluated promptly.

Activity plans are completed in consultation with whānau and residents noting their activities of interest. Residents and whānau interviewed expressed satisfaction with the activities programme provided.

There is a medicine management system in place. All medications are reviewed by the nurse practitioners (NPs) every three months. Staff involved in medication administration are assessed as competent to do so.

The food service provides for specific dietary preferences of the residents. Nutritional requirements are met.

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 are fully attained.
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The facility meets the needs of residents and was clean and maintained. There is a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required.

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. 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 are fully attained.
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The service ensures the safety of the people supported and of staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The clinical manager (CM) coordinates the programme.

A pandemic plan was in place. There were sufficient infection prevention resources, including personal protective equipment (PPE), available and readily accessible to support the plan if it is activated.

Surveillance of healthcare-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks of COVID-19 and Norovirus in 2022 and 2023 were managed according to Ministry of Health (MoH) guidelines.

## 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 are fully attained.
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The service aims for a restraint free environment. This is supported by the governing body and the organisation's policies and procedures. There was one resident requiring bed rails at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews of the ongoing need for restraint was occurring.

The clinical manager is the nominated restraint coordinator. This person has been employed as a registered nurse and clinical manager for many years and is suitably experienced for the role.

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	22	0	0	0	0	0
Criteria	0	61	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were no staff who identified as Māori at the time of audit. This reflects the geographical area where the facility is located.</p>
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa	FA	The service provider has a policy on Māori and Pacific people’s health.

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>This describes how the organisation responds to the cultural needs of residents and is for use in the interim until the organisation begins its work alongside the Pacific community and formally develops a Pacific plan. The document notes the need to embrace cultural and spiritual beliefs.</p> <p>The organisation is working in partnership with Pasifika communities to improve the planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples. Staff who identify as Pasifika provide appropriate care and support to Pasifika residents living at Te Mana. This was confirmed by a resident who identified as Pasifika on the day of audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed reported that they respect residents' rights, support them to know and understand their rights and that their mana motuhake is recognised. The CM stated that care plans are individualised and those reviewed evidenced residents' input into their care and that choices and independence were promoted. The Māori health plan in place identified how the service supports Māori mana motuhake. Staff have completed cultural training which includes current rights in relation to health equity.</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>	FA	<p>The service's orientation programme requires all staff to read and understand the principles of Te Tiriti o Waitangi. Staff have completed training on Te Tiriti o Waitangi to support the provision of culturally inclusive care. The service has acknowledged tikanga practices in the Māori health plan sighted.</p> <p>Policies and procedures were updated to ensure that te reo Māori is incorporated in all activities undertaken. Staff reported that national events are celebrated including Māori Language Week. Residents and family/whānau reported that their values, beliefs, and language were respected in the care planning process.</p> <p>The service responds to the needs of the residents including those with a disability, and supports and encourages participation in te ao Māori.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The CM and staff stated that any observed or reported racism, abuse or exploitation is addressed promptly and they are guided by the organisation’s code of conduct. This has not been experienced since the previous audit.</p> <p>Residents expressed that they have not witnessed any abuse or neglect, and said they were treated fairly, they felt safe, and protected from abuse and neglect. This was reiterated in family/whānau interviews conducted. There are systems and processes in place to safeguard residents from institutional and systemic racism. These include satisfaction surveys, a complaints process, resident meetings, and advocacy services.</p> <p>A cultural safety policy is used when required to ensure a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.  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>FA</p>	<p>The service ensures that guidance on tikanga best practice is used and understood by staff. This was confirmed by residents and family/whānau in interviews conducted. The CM stated that additional advice can be accessed from the local cultural advisors or Te Whatu Ora - Waitematā, if required. Residents confirmed that they are provided with information and are involved in the consent/informed choices and decision-making process about their care. Staff reported that they are encouraged to refer to the cultural safety policy on tikanga best practice.</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</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 New Zealand legislation, regulation and known best</p>

<p>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>practice. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation confirmed that the business and care manager had adhered to processes for investigating and resolving the single complaint received since the previous audit. The complainant had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.  Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.  As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured.</p> <p>Board members have access to cultural training, te reo Māori and opportunities to upskill in Te Tiriti o Waitangi via other community roles and employment.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control).</p> <p>The service holds contracts with Te Whatu Ora - Waitematā and the Ministry of Health, for young people with disabilities (YPD). On the day of audit, 34 of the 46 residents were assessed as hospital level care- one of whom was on short term respite care, six as rest home and six as YPD.</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</p>	<p>FA</p>	<p>Te Mana uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document</p>

<p>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>control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>On site quality and risk monitoring includes collecting, collating and analysing quality data (such as clinical incidents) to identify trends, and conducting regular internal audits to monitor compliance with procedures. Where audits or quality data indicate the need for improvement, corrective action plans were documented, actions implemented and evaluated before being closed out. Evidence was sighted in the minutes of quality meetings and confirmed by interviews. Staff said there was excellent communication about any subsequent changes to policy and practice. This was evidenced by staff interviews, meeting minutes and staff notices. A range of meeting minutes (quality/staff meetings, health, and safety meetings) demonstrated how this information is shared with all levels of staff.</p> <p>Documents related to risk management showed how risks are monitored and managed in clinical services, the environment, with human resources and other areas at this facility. Health and safety policies and procedures and the hazard management programme are implemented. Staff interviewed described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. An onsite health and safety committee meets regularly. The risk and hazard register sighted was current and confirmed by staff as being kept updated.</p> <p>The organisation is focused on achieving Māori health equity through regular analysis of resident data and organisational monitoring systems.</p> <p>Staff understood and have complied with essential notification reporting requirements. There had been two section 31 notifications submitted since the previous audit. Both were for pressure injuries. The facility had notified outbreaks of COVID-19 and Norovirus to public health in</p>
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		the past 12 months.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). 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 at least one RN on site 24/7.</p> <p>A sample of rosters sighted showed that two registered nurses (RNs) are allocated on AM and PM shifts, and one RN is rostered on each night. There are eight care staff allocated on the morning shifts, five in the afternoon and two care staff are on night shifts. This is in addition to the RN clinical manager who is on site Monday to Friday, and on call after hours.</p> <p>There are three activities staff employed which ensures there is at least one activities person on site seven days a week.</p> <p>Continuing education supports equitable service delivery. This is planned on an annual basis, and all staff are expected to attend a 'GEM' study day once a year. These mandatory days include education on medico-legal issues such as consumer rights, informed consent, privacy, advance directives, advocacy and enduring power of attorney, cultural safety and learning about Te Tiriti o Waitangi, infection control, restraint, health, and safety including manual handling, plus a range of essential resident care topics. For example, safe swallowing, pressure injuries, medication and pain management, palliative care support, and the STOP and WATCH tool.</p> <p>All staff have attended specific education on equity and ensuring high quality care for Māori. In addition to the study days, the clinical manager (CM) presents monthly toolbox talks on a variety of subjects and all staff are competency assessed in areas related to their roles. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements</p>

		<p>of the provider's agreement with the funder.</p> <p>Of the 24 part-time and full-time care staff, six have achieved level 4 of the New Zealand certificate in health and wellness, one is at level three, and 17 are completing levels 2 and 1. Staff records reviewed demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of recruitment, role descriptions, validation of qualifications and a comprehensive orientation specific to the role. Recently employed staff said their orientation prepared them well for their roles. An initial 90-day review with each new staff member occurs.</p> <p>Staff performance is reviewed and discussed at regular intervals. Where staff agree to provide information, their ethnicity data is recorded and used in line with health information standards.</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>The service's admission policy for the management of enquiries and entry to service is in place. All enquiries and those declined entry were recorded on the pre-enquiry form.</p> <p>There were Māori residents at the time of the audit. The CM reported that ethnicity is collected and routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service is working in partnership with local Māori communities and organisations. The CM stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>Residents' files sampled identified that initial assessments and initial care plans were resident-centred, and these were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff including the nursing team and care staff. InterRAI assessments were completed within 21 days of admission. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau/enduring power of attorney (EPOA). Long-term care plans were also developed, and six-monthly evaluation processes ensure that assessments reflected the residents' daily care needs. Resident, family/whānau/EPOA, and NP involvement are encouraged in the plan of care. They confirmed being involved in the evaluation of progress and any resulting changes.</p> <p>The NP completes the residents' medical admission within the required time frames and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. The NP reported that communication was conducted in a transparent manner, medical input was sought in a timely manner that medical orders were followed, and care was resident-centred. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed annually.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition. Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions formulated to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition is reported to the senior registered nurse or CM and this was evidenced in the records sampled. Interviews verified residents and EPOA/whānau/family are included and informed</p>

		<p>of all changes.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the service, in collaboration with the resident or EPOA/whānau/family, responded by initiating changes to the care plan. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whanau, and the extended whānau, as applicable, to support them to identify their own pae ora outcomes in their care and to support wellbeing. The Māori health care plan was developed in consultation with a cultural advisor. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. There were residents who identify as Māori at the time of the audit.</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>	FA	<p>The activities programme for the hospital, rest home, and young people with disability (YPD) is coordinated by the activities coordinators. The service supports community initiatives that meet the health needs and aspirations of Māori, and family/whānau. Residents and family/whānau interviewed felt supported in accessing community activities, such as celebrating national events, Matariki, Waitangi, ANZAC holidays, Māori Language Week, and local visits from schools, kapa haka groups and use of basic Māori words. The planned activities and community connections were suitable for the residents. Staff reported that opportunities for Māori and whānau to participate in te ao Māori are facilitated. Van trips occurred once a week except under COVID-19 national restrictions. Family/whānau and residents reported overall satisfaction with the level and variety of activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (an electronic system) is in use. This is used for</p>

<p>and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.  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>medication prescribing, dispensing, administration, review, and reconciliation. Administration records are maintained. Medications are supplied to the facility from a contracted pharmacy. The NPs complete three-monthly medication reviews. Indications for use are noted for pro re nata (PRN) medications, including over-the-counter medications and supplements. Allergies are indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation is conducted by the nursing team when a resident is transferred back to the service from the public hospital or any external appointments. The nursing team checked medicines against the prescription, and these were updated in the electronic medication management system.</p> <p>Medication competencies were current and completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these was reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines are returned to the pharmacy promptly. Weekly and six-monthly controlled drug stocktakes were completed as required. Monitoring of medicine fridge and medication room temperatures were conducted regularly and deviations from normal were reported and attended to promptly. Records were sighted.</p> <p>The registered nurses were observed administering medications safely and correctly. Medications were stored safely and securely in the trolley, locked treatment room, and cupboards.</p> <p>There were residents who were self-administering medication on the audit day. Appropriate processes were in place to ensure this was managed in a safe manner. There is a self-medication policy in place, and this was sighted. There were no standing orders in use.</p>
<p>Subsection 3.5: Nutrition to support wellbeing  The people: Service providers meet my nutritional needs and consider my food preferences.</p>	<p>FA</p>	<p>The Māori health plan in place included cultural values, beliefs, and protocols around food. The regional manager and chef stated that culturally-specific menu options were available and offered to Māori and</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>Pasifika residents when required. These included ‘boil ups’ and ‘Island’ food. EPOA/whānau/family are welcome to bring culturally-specific food for their relatives. The interviewed residents and EPOA/whānau/family expressed satisfaction with food portions and the options available.</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>A standard transfer notification form from Te Whatu Ora - Waitemata, is utilised when residents are required to be transferred to the public hospital or another service. Residents and their EPOA/whānau/family were involved in all exit or discharges to and from the service and there was sufficient evidence in the residents’ records to confirm this.</p> <p>Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents’ needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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. There is a current building warrant of fitness which expires on 04 June 2023. Maintenance staff follow a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, wheelchairs and hoists, hot water temperature testing, egress, emergency systems and inspection of internal and external areas was confirmed by interview and completed record keeping. Reactive maintenance is attended to in a timely manner. The testing and tagging of electrical equipment is occurring annually and as required when residents bring in their own electrical devices.</p> <p>Residents and whānau are consulted and involved in the design of any new buildings. There are no plans for new construction of buildings. The organisation and the BCM are aware of the need to consult and</p>

		invite participation in co-designing environments that reflect the aspirations of Māori. Residents interviewed said they felt very comfortable in the home. The Code is on display in English and te reo Māori. Cultural art works and bilingual signs are in place.
<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. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water for all residents and staff for at least three days, battery and friction operated radios, torches, food supplies and blankets and other items that may be needed.</p> <p>Fire suppression systems are in place and are tested regularly. Trial fire evacuations occur at least every six months. The most recent fire drill occurred on 28 April 2023.</p> <p>Appropriate security arrangements are in place.</p> <p>Residents interviewed were familiar with emergency and security arrangements.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>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>A pandemic plan is in place, and this is reviewed at regular intervals. There were infection outbreaks of COVID-19, and Norovirus in 2022 and 2023. Residents and the service were managed according to MoH guidelines and requirements. Sufficient infection prevention (IP) resources, including personal protective equipment (PPE), were sighted. The IP resources were readily accessible to support the pandemic plan if required.</p> <p>The service has printed infection prevention educational resources in te reo Māori. The infection prevention personnel and committee work in partnership with Māori for the protection of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti o Waitangi. In interviews, staff understood these requirements.</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 healthcare-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. Results of the surveillance data are shared with staff during shift handovers, and at monthly staff meetings. The CM reported that the NPs are informed promptly when a resident has an infection. Appropriate antibiotics were prescribed for all diagnosed infections. Culturally safe processes for communication between the service and residents who develop or experience a HAI are practised.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management, respectively.</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>Oceania governance and senior management are committed to their care homes being restraint free environments. An analysis of organisational-wide restraint is reported at every board meeting. At the time of this audit there was one hospital level care resident who had bed rails in place.</p> <p>The organisation's policies and procedures meet the requirements of this standard, including having the voice of people with lived experience, Māori and whānau on the restraint approval group. The CM is appointed as the restraint coordinator. The role is described as providing support and oversight for any restraint management. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions, and de-escalation techniques.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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.

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End of the report.