

# Oceania Care Company Limited - Eversley Rest Home and Village

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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:

<b>Legal entity:</b>	Oceania Care Company Limited
<b>Premises audited:</b>	Eversley Rest Home and Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 19 September 2023    End date: 19 September 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	49

# Executive summary of the audit

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## Introduction

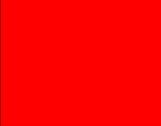
This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- 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 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

Eversley Rest Home is part of Oceania Healthcare Limited (Oceania). The facility is supported by a business and care manager and clinical manager. There have been no significant changes to the service or building since the previous audit, except for the commencement of a new business and care manager and the commencement of a new clinical manager.

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

One of two corrective actions identified in the previous certification audit in relation to care planning has been addressed. The remaining open corrective action is in regard to analysis of quality information and now also includes recording of data, evidence of discussions and corrective actions in meeting minutes, audit outcomes and findings.

## Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. 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.

Eversley Rest Home is aware of the requirement to recruit and retain Māori and Pasifika in its workforce, the requirement to do this is embedded in policy and Oceania actively recruits Māori and Pasifika into its service where it is able.

Residents are safe from abuse. There are systems and processes in place to monitor for institutional and systemic racism. Residents' property and finances are respected, and professional boundaries are maintained.

Residents and family/whānau receive information in an easy-to-understand format. Family/whānau and legal representatives are involved in consent processes that comply with the law. Consent is obtained where and when required.

Concerns and complaints are recorded and addressed in accordance with the Code of Health and Disability Services Consumers' Rights.

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

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

Well-established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback. The service complies with statutory and regulatory reporting obligations. Data is benchmarked to other Oceania facilities nationwide.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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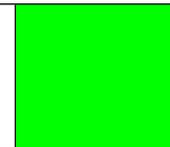
Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers to other healthcare services and discharges are managed in an appropriate manner to allow continuity of care.

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

A holistic approach to menu development is adopted ensuring food preferences, dietary needs, intolerances, allergies, and cultural preferences is undertaken in consultation with residents, family/whānau and legal representatives where appropriate. Residents verified satisfaction with meals.

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

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

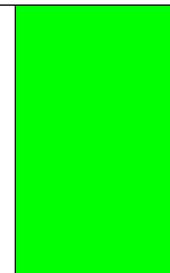


Subsections applicable to this service fully attained.

The facility is modern, clean and well maintained, and meets the needs of residents. There is a current building warrant of fitness. Electrical and biomedical equipment has been checked and assessed as required.

## 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 clinical governance team oversees implementation of the infection prevention programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.

Staff receive infection prevention education during the induction period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Health care-associated infections are communicated to residents in a culturally safe manner. Follow-up action is taken as and when required. A COVID-19 infection outbreak reported since the previous audit was managed effectively. Appropriate processes were implemented to prevent the spread of infection.

## Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Eversley Rest Home aims to provide a restraint-free environment. This is supported by the governing body and the organisation's policies and procedures. There was one resident using restraints on the day of audit. The organisation has comprehensive assessment, approval, monitoring and review processes in place, if a restraint was required by a resident. A registered nurse is the nominated restraint coordinator for the facility. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to restraint.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	0	1	0	0
Criteria	0	48	0	0	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

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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 Māori and Pacific people’s health policy, a Māori health plan 2022-2025, and a Māori engagement framework, which collectively outline how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members across all 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 staff who identified as Māori employed at Eversley at the time of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p>	FA	<p>The service provider has a Māori and Pacific people’s health policy in place which outlines how the organisation responds to the cultural needs of residents, and how staff are supported to ensure culturally safe practice. The organisation is embracing Pacific models of care, and is</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>establishing relationships with Pacific cultural advisors, who can provide support and guidance when Pacific people are being supported. Staff receive education on Pacific models of care as part of their orientation training.</p> <p>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 can provide support and guidance when Pacific people are being supported, to help ensure the resident and their family are supported in a culturally safe manner.</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>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English, te reo Māori and New Zealand Sign Language throughout the facility. Staff have received training on the Code as part of the orientation process and through ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The clinical manager (CM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Residents and enduring powers of attorney (EPOAs) for residents in the dementia stage three unit stated that they have not witnessed or suspected abuse and neglect of residents. Staff orientation process includes education related to professional boundaries.</p> <p>Staff have received education on elder abuse. Residents reported that they are free to express any concerns to the management team when required, and these were responded to promptly. Systems to monitor institutional and systemic racism in place include residents' meetings, residents' satisfaction surveys, and case conference meetings with residents and family/whānau. Residents confirmed they are free to</p>

		<p>express their concerns in bi-monthly residents' meetings.</p> <p>Residents' property is labelled on admission and is protected.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents confirmed that they are provided with information and were involved in the consent processes. Where required, and for residents in the dementia stage 3 unit, EPOAs were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their EPOA sign on admission. Staff were observed to gain consent for daily cares.</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>	FA	<p>The Code of Health and Disability Services Consumers' Rights and the complaints process works equitably for Māori and provides a fair, transparent, and equitable system to receive and resolve complaints that leads to improvements. This meets the requirements of the Code and best practice. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation confirmed that the business and care manager had adhered to processes for investigating and resolving the seven complaints that had been received since the previous audit. Complaints are investigated, and the complainant informed of the outcome, all within expected timeframes. Complaint records were held electronically, with links to associated documentation. Complaint data is reported monthly to</p>

		<p>the regional manager and to the governance group.</p> <p>There has been one complaint received from the Health and Disability Commission on the 12 April 2023. Information has been provided by the facility as required by the 24 May 2023. This complaint remains open. There have been no other 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.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>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 and Pasifika and delivering services that improve outcomes and achieve equity for tāngata whaikaha (people with disabilities). 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. Equity for Māori and Pasifika is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints, and infection prevention and control).</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Eversley Rest Home and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director who also</p>

		<p>provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>Eversley Rest home has 50 bedrooms. There are 17 dementia (stage 3) beds in the secure unit and 33 dual purpose rest home and hospital level care beds. The service holds contracts with Te Whatu Ora Hawke's Bay for Aged Related Residential Care (ARRC) for rest home, hospital and dementia level care, respite, and day care services and mental health in Aged Related Residential Care. On the day of audit, 17 residents were receiving dementia level care, 16 residents were receiving rest home level care and 16 residents were receiving hospital level care. Of those 16 residents receiving hospital level care, one resident was admitted under a long-term Accident Compensation Corporation contract and one resident was admitted under respite care.</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>PA Moderate</p>	<p>The organisation has a planned quality risk system that reflects the principles of continuous quality improvement. This includes management of complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures and staff training. The clinical manager is responsible for implementation of the quality and risk system.</p> <p>The previous shortfall (NZS 8134:2008 criteria # 1.2.3.8 mapping to 2.2.2) relating to analysis of residents' falls remains open. On-site quality and risk monitoring also does not include collecting, collating and analysing of quality data (such as other clinical incidents and infections) to identify trends and develop action plans as required. The analysed data is not discussed at staff meetings nor documented in meeting minutes.</p> <p>Internal audits are completed as per the annual calendar. Relevant corrective actions are developed and implemented to address any shortfalls and are evaluated and closed out as required, however are not discussed nor documented in meeting minutes.</p> <p>Staff interviewed described the processes for the identification,</p>

		<p>documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. An onsite health and safety committee meets every month. The risk and hazard register sighted was current and confirmed by staff as being kept updated.</p> <p>Oceania follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings. Staff understood and have complied with essential notification reporting requirements. There had been three section 31 notifications submitted since the previous audit.</p> <p>The staff at Eversley Rest Home have completed training in Te Tiriti o Waitangi and equity to ensure that residents who identify as Māori receive appropriate cultural and high-quality health care and support.</p> <p>Oceania as an organisation is focused on achieving Māori health equity through regular analyses of resident data and organisational monitoring systems.</p>
<p><b>Subsection 2.3: Service management</b></p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining and ensuring 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.</p> <p>A sample of rosters sighted showed that a registered nurse (RN) is on site 24/7. In addition to these staff, the clinical manager (RN), and the business and care manager support staff on site Monday to Friday and are on call after hours.</p> <p>Oceania ensures that all staff have the skills, attitudes, qualifications, experience, and attributes for the services being delivered. Continuing education is planned on an annual basis, and all staff are expected to attend an educational day once a year. These mandatory days include education and refreshers on core training requirements, such as consumer rights, informed consent, privacy, advance directives,</p>

		<p>advocacy and enduring power of attorney. Other core training sessions cover infection control, restraint, health and safety and manual handling. Training and competencies in Te Tiriti o Waitangi and cultural safety are completed by staff ensuring equitable service delivery and high-quality care for Māori. The service provides an environment that encourages collecting and sharing of high-quality Māori health information.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder, including core papers in dementia level care. Health care assistants interviewed had completed qualification ranging from level two through to level four.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	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. All staff have received an orientation and induction programme that covers the essential components of the service provided. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, and police vetting and regular performance appraisals.</p> <p>Staff ethnicity data is recorded and stored with the consent of the employee and used in line with health information standards.</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</p>	FA	<p>The registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. InterRAI assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessments include Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p>

<p>whānau to support wellbeing.</p>		<p>The Māori health care plan was utilised for residents who identify as Māori. All residents' files sampled had current interRAI assessments completed, and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Behaviour monitoring charts were completed where applicable, with appropriate interventions implemented as required. Residents and family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. The previous non-conformance in HDSS: 2008 criterion 1.3.5.2 mapped to criteria 3.2.3 and 3.2.4 which was related to care plans not fully describing interventions required to address each resident's needs has been resolved. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified, were addressed in the care plans where applicable.</p> <p>Wider service integration with other health providers, including specialist services, medical and allied health professionals, was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP). Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evident in the residents' files sampled. The GP confirmed satisfaction with the care being provided.</p> <p>Medical assessments were completed by the GP, and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evident in</p>
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		<p>sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants. Changes noted were reported to the RNs, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident, family/whānau and EPOAs for residents in the dementia stage three unit, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents, family/whānau and EPOAs for residents in the dementia stage three unit confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and whānau when required.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A registered nurse (RN) was observed administering medicine correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage and had a current medication administration competency.</p>

		<p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when residents were transferred back to the service. All medicines in the medication rooms and trolleys checked were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries. Standing orders are not used.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to manage this in a safe manner when required, and staff understood the requirements. There is an implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health</p>	<p>FA</p>	<p>Residents' diet requirements were assessed on admission to the service in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The service operates with a current food control plan that expires on 28 March 2024. Snacks are provided for residents in the dementia stage</p>

and wellbeing.		three unit on a 24-hourly basis.
<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>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents' family/whānau and EPOAs. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements and are inclusive of peoples' cultures and support cultural practices. The building has a building warrant of fitness which expires on 17 January 2024. Eversley Rest Home is aware of the requirement to consult and co-design with Māori if making changes to the building.</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>	FA	<p>The Infection prevention (IP) programme is led by the general manager, nursing and clinical strategy who also leads the clinical governance team at the organisational level. The registered nurse is the nominated onsite infection prevention and control coordinator. The clinical governance group oversees all clinical issues within Oceania Healthcare. Infection prevention policies and procedures are signed off at this level and</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. 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>subsequently approved by the board of governance. The infection prevention programme and policies and procedures link to the quality improvement system and are reviewed and reported on annually.</p> <p>Expertise and advice are sought following a defined process with local Te Whatu Ora infection control officers and experts from the local public health unit accessed when required. Oceania has a clinical infection prevention and control expert who is the infection prevention and control advisor.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Infection data is collected, monitored, and reviewed monthly. Infection surveillance included ethnicity data. The clinical governance group have access to surveillance data and surveillance is discussed in monthly meetings.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>A COVID-19 infection outbreak reported since the previous audit was managed effectively with appropriate notification completed.</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</p>	FA	<p>Oceania Healthcare Limited 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</p>

<p>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>meeting. At the time of this audit there was one resident with restraints in place at Eversley Rest Home.</p> <p>The organisation's policies and procedures meet the requirements of this standard. The registered nurse is appointed as the restraint coordinator. The role is described as providing support and oversight for any restraint management. A restraint meeting is held every two months with the registered nurses to discuss restraint and how the facility will reduce restraint and become restraint-free.</p> <p>Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions, and de-escalation techniques.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA</p> <p>Moderate</p>	<p>Staff interviewed knew residents well and confirmed that infections and incidents are discussed at staff meetings and handovers and interventions are put into place. Residents and whānau interviewed were happy with the care and interventions provided as necessary. The clinical nurse manager and regional clinical manager meet monthly and discuss residents of concern, data collected and analysis of findings. The staff meeting minutes reviewed documented a monthly tally of types of falls, infections and incidents and audits completed, however falls data, infections, incidents and audits are not being analysed nor review of corrective actions and/or sign off evident.</p>	<p>Meeting minutes do not show an in-depth analysis of infections and/or incidents nor outcome of audits completed. Corrective actions are not evident nor signed off.</p>	<p>Provide evidence of analysis for incidents, infections and falls along with events and audit findings in meeting minutes. Develop corrective actions that are discussed and documented in the staff minuted meetings. Provide evidence that corrective actions are then documented as reviewed at the following meeting and updated and/or closed.</p> <p>90 days</p>



## 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.

No data to display
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End of the report.