

# Oceania Care Company Limited - Redwood Rest Home and Village

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Redwood Rest Home and Village

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

**Dates of audit:** Start date: 9 October 2023 End date: 10 October 2023

**Proposed changes to current services (if any):** The service is at the end of a build to move from 35 to 96 dual purpose beds.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 32

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

## General overview of the audit

Oceania Care Company Limited (Oceania) owns and operates Redwood Rest Home and Village (Redwood) and provides rest home and hospital level care for up to 33 residents. The facility is managed by a business and care manager (BCM), supported by a clinical manager (CM) and a guest services manager. Regional and national office staff are available to support the team at Redwood.

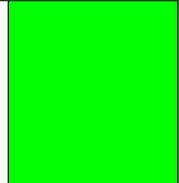
Since the last audit the CM has taken on the role of BCM, and a new clinical manager has been appointed. The guest services manager has taken up their role full time. The facility has almost completed their building programme to move to 96 dual-purpose beds. The new facility will be two-storey and will join the present facility on the ground floor. They have de-commissioned two beds to allow for the work in the new build. The opening of the new building is scheduled for February 2024.

This audit included a partial provisional audit in line with the Ministry's letter (22nd September 2023) a surveillance audit and follow-up on areas requested by the portfolio manager at Te Whatu Ora Nelson Marlborough. This was conducted against the Health and Disability Services Standard NZS 8134:2021 and the service's contract with Te Whatu Ora – Health New Zealand Nelson Marlborough (Te Whatu Ora Nelson Marlborough). The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with residents, family members, managers, staff, and a nurse practitioner. Residents

and family members spoke positivity of the care received. A tour of the new building was also undertaken, along with discussions with the managers on the impact of the additional beds, including staffing, emergency management, and fixtures and fittings.

There were no areas for improvement raised at the last audit. This audit has resulted in one corrective action required as part of the partial provisional audit with action required prior to occupying the new building related to the requirement of a Certificate of Public Use (CPU).

## 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.
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Oceania has a Māori health plan which had input from the Redwood client support manager. Redwood is supportive of a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

No residents identified as Pasifika. Oceania have a Māori and Pacific peoples health policy to support the provision of services that recognise their worldviews and are culturally safe.

Residents and their family/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. Staff have participated in Te Tiriti o Waitangi training which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and family/whānau are informed about the complaints process at the time of admission. An electronic complaints management system is maintained and demonstrated complaints are managed appropriately.

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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Oceania has a Māori health plan and the client support manager has been part of the development of this and of working on a collaborative approach with local iwi to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

No residents identified as Pasifika. Oceania have a Māori and Pacific peoples health policy to support the provision of services that recognise their worldviews and are culturally safe. Staff who identify as Pasifika spoke of how they would support a resident who identified as Pasifika.

The governing body assumes accountability for delivering a high-quality service. This includes Māori governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and tāngata whaikaha (people with disabilities).

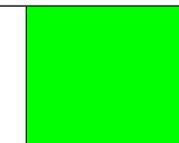
Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at regular intervals.

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents and planning on how to expand staffing levels related to the new areas is in place. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery. The BCM has a plan to increase staffing as the new building becomes occupied.

## 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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When residents enter Redwood Rest Home a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised and based on comprehensive information. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

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

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

Residents are referred or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk.
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The present facility meets the needs of residents and was clean and well maintained. The new building was observed to be well thought through and rooms and social areas were in various stages of completion. There was a current building warrant of fitness for the present building and the CPU was still to be received. Processes for maintenance were in place, including electrical equipment testing, and the project manager will ensure these are completed as part of the new building. External areas are reduced due to the rebuild, but sufficient areas are available and meet the needs of people with disabilities.

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

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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The Oceania governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

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

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic outbreak management plan.

The service promotes responsible antimicrobials prescribing. Infection surveillance is undertaken with follow-up action taken as required.

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

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Oceania strives for a restraint-free environment. This is supported by the governing body and policies and procedures. One resident was using restraints at the time of audit, with comprehensive process, including reviews occurring. Staff demonstrated a sound knowledge of restraint processes and the view of a restraint-free environment.

## 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	21	0	1	0	0	0
Criteria	0	107	0	1	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 Māori health plan 2022 to 2025 has been developed with input from the Redwood client support manager. This looks to embedding the principles of Te Tiriti o Waitangi into all aspects of Oceania care. A Māori governance group has been formed to support the board and senior managers. The client service manager is working with local iwi to support managers, staff and Māori residents to ensure mana motuhake is recognised. They have commenced (July 2023) a ‘Caring for our Tāngata Whenua’, continuous improvement project which has identified the project scope, planned the outcomes, and work to be done at multilevel of the organisation.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	FA	<p>Redwood had no Pacific residents and are reaching out to local Pacific communities to ensure a partnership can be established when they have residents who identify as Pasifika.</p> <p>Oceania has a Māori and Pacific peoples health policy and a cultural</p>

<p>tino rangatiratanga. 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>advisor to support facilities who have Pacific residents. Staff who identify as Pasifika spoke of there being a small local Pacific community that they are part of and how they would support any resident who identified as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti: Service providers recognise Māori mana motuhake (self-determination). 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 Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. A copy of the Code is given to all residents on admission. Residents who identified as Māori were evidenced to have their mana motuhake recognised and respected. The service is guided by the cultural policies and training sessions that outline cultural responsiveness to residents who identify as Māori.</p>
<p>Subsection 1.5: I am protected from abuse 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>	FA	<p>Staff understood the Oceania policy on abuse and neglect, including what to do should there be any signs of such. Staff training had occurred. There were no examples of discrimination, coercion, and/or harassment identified during the audit through staff, resident and family/whānau interviews, or in documentation reviewed. Residents reported that their property is respected. Professional boundaries are guided by a code of conduct and are maintained by staff. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model of care.</p>
<p>Subsection 1.7: I am informed and able to make choices 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</p>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Those interviewed felt empowered to actively participate in decision-making. Whānau were included in decision-making with the consent of the resident. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Staff were observed to gain</p>

<p>messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>verbal consent for day-to-day cares and documented written consent was sighted in all files reviewed.</p> <p>Advance care planning, establishing and documenting enduring power of attorney requirements, and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of Right 10 of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Residents understood their right to make a complaint and knew how to do so.</p> <p>The service receives a high number of compliments, and thank-you letters. One complaint was received in 2022 and nil to date in 2023. Documentation sighted showed that the complainant had been informed of the findings following investigation. There was evidence that the complaint had led to improvements at a national level to ensure safe service provision.</p> <p>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.</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</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> <li>• supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti.</li> <li>• defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation</li> <li>• appointing an experienced and suitably qualified person to manage the service</li> </ul>

<p>sensitive to the cultural diversity of communities we serve.</p>	<ul style="list-style-type: none"> <li>• identifying the purpose, values, direction, scope and goals for the organisation, including YPD residents and monitoring and reviewing performance at planned intervals</li> <li>• demonstrating leadership and commitment to quality and risk management</li> <li>• being focused on improving outcomes for Māori and people with disabilities</li> </ul> <p>Clinical and other indicator monthly and quarterly reports to the regional manager, and clinical governance board up to the board showed adequate information to monitor performance is reported.</p> <p>The BCM confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field.</p> <p>The service holds contracts with:</p> <ul style="list-style-type: none"> <li>• Te Whatu Ora Nelson Marlborough for long-term hospital level care (12 residents) and rest home level care (15 residents).</li> <li>• Whaikaha contract for younger persons with disability (YPD): three residents, two of whom are receiving hospital level care and one rest home level care.</li> <li>• An Accident Compensation Corporation (ACC) contract for one resident for rest home level care.</li> <li>• One resident receiving rest home care is privately funding services.</li> </ul> <p>PARTIAL PROVISIONAL:</p> <p>The new build will see the reinstatement of two rooms blocked for the rebuild and 55 new beds, 29 of which will be on a first floor, making a total of 96 residents . All beds will be dual purpose.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes:</p> <ul style="list-style-type: none"> <li>• management of residents and staff incidents</li> <li>• complaints</li> <li>• annual audit activity plan, with monthly audit activities</li> <li>• regular resident satisfaction survey, which includes YPD residents.</li> <li>• residents' meetings</li> <li>• development and review of policies and procedures</li> <li>• monitoring of clinical and non-clinical indicators including falls, pressure injuries, absconding, restraint use, and infections.</li> </ul> <p>Staff contribute to quality improvement through audit activities, taking on roles to oversee areas such as infection control and restraint.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated on a monthly and quarterly basis.</p> <p>Oceania policies are available online and in hard copy for staff. All but one policy was identified as being outside the review timeframe. There are policies that cover all necessary aspects of the service and contractual requirements.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Redwood adds identified risks to the Oceania risk register.</p>
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		<p>Staff document client incidents and near miss events via the patient management system and in line with the National Adverse Event Reporting Policy. Staff incidents and near miss events are lodged onto a paper form which is added to the electronic monitoring system. A sample of incidents reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. As requested by the portfolio manager, related to two incidents. One resulted in root cause analyses and changes made to service provision. The other was seen as being managed appropriately. Incidents of these types are part of the clinical indicator reporting process.</p> <p>The BCM understood and has complied with essential notification reporting requirements. They are supported by national office in lodging these reports.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7).</p> <p>A central roster is agreed and staffing levels adjusted by the BCM to the changing needs of residents. A section 31 notification was lodged in September 2022 related to insufficient RNs to cover rosters. Staffing has been problematic over the last year; however, staffing levels are now steady with no vacancies, plenty of RNs, and a waiting list of people who would like to join the team. Care staff reported there were now adequate staff to complete the work allocated to them. Residents interviewed supported this. At least one staff member on duty has a current first aid certificate and there is at least one RN rostered on 24/7 to cover hospital level care as per the organisation's contract.</p>

		<p>Continuing education is planned on an annual basis, including mandatory training requirements, that includes support for YPD residents. This is supplemented by training from local experts such as pharmacists, palliative care and wound care. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the DHB. Of the 18 healthcare assistants:</p> <ul style="list-style-type: none"> <li>• Thirteen have NZQA level 4</li> <li>• Three have NZQA level 3</li> <li>• One has NZQA level 2</li> </ul> <p>The majority of HCAs are medication competent or working toward becoming competent.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments as part of orientation, annually or two-yearly.</p> <p>Staff reported they have good access to training, feeling well supported and safe in the workplace.</p> <p>PARTIAL PROVISIONAL</p> <p>The BCM spoke of how they will staff the increase in bed numbers. This will be a staged process, opening one section of the new building at a time. They recognise that staffing response and area opened will be based on the types of residents accepted for care. They stated they have sufficient staff (RN, health care assistants, kitchen and cleaning) including casual and applicants, to open at least one section. The modelling of staff for the new areas has been undertaken with sign-off by the regional manager, national clinical manager, and quality and risk</p>
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		manager.
<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 resources management policies and processes are based on good employment practice and relevant legislation. There is a national human resource team who assist with the employment of staff, and there are various steps which must be completed before the staff member can be employed, in order to ensure good recruitment practices. An external agency is also involved in the recruitment of overseas staff. Oceania provides financial support for the recruitment of overseas RNs; this includes undertaking an approved competency assessment programme (CAP) and providing housing and support for staff entering the county. They will employ the person as an HCA until they have completed the registration requirements. They bond the RN for three years. The BCM stated one RN has just come in through this process and another is willing to undertake this when Redwood requires them.</p> <p>Induction and orientation processes are in place to ensure competency of practice.</p> <p>All health professionals (RN, GPs, podiatrist, physiotherapists, pharmacists) working or contracted with Redwood had current annual practising certificates.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Staff performance is reviewed and discussed at regular intervals, and all annual appraisals were current. Ethnicity data is recorded and used in line with health information standards.</p> <p>The BCM spoke of ongoing support occurring for debriefing of staff when an event occurred.</p>

		<p>PARTIAL PROVISIONAL</p> <p>Employment of new staff for the new areas will follow Oceania’s current process as outlined below.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work in partnership with the residents and their family/whānau to support wellbeing. A care plan, based on the Oceania model of care, is developed by a registered nurse following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments, including for falls risk, pressure injury risk, pain, continence, and nutritional needs, inform care planning. A social profile called ‘About Me’ and a life history document each resident’s interests and personal history. An interim care plan is completed on admission and guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six-monthly thereafter. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded. Long-term care planning detailed strategies required to meet physical needs, and to maintain and promote independence and wellbeing. Care plans included interventions to manage behaviours that challenge if needed. Management of any specific medical conditions and care for younger persons with a disability were well documented when required.</p> <p>There was evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Evaluation occurs daily and is documented in progress notes. Formal evaluation occurs through six-monthly interRAI assessments. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and whānau. Staff support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents’ records, and from interviews with clinical staff, people receiving services, and whānau.</p> <p>Sufficient equipment was available and was suitable to meet the needs of residents at Redwood Rest Home, including pressure relieving</p>

		<p>equipment and equipment to support mobility.</p> <p>Residents and whānau confirmed active involvement in the assessment and care planning process, including those with age-related disabilities. Examples of choices and control over service delivery were discussed with staff and residents.</p> <p>The nurse practitioner interviewed reported care was of a high standard, that nurses identify when a resident's condition changes, and that the doctor or nurse practitioner is called appropriately.</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 medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were verified to be stored within the recommended temperature range.</p> <p>Prescribing practices met requirements, including consideration of over-the-counter medication and supplements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. The required three-monthly GP or nurse practitioner review was consistently recorded on the medicine chart.</p> <p>Standing orders are not used.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p><b>PARTIAL PROVISIONAL</b></p> <p>It was observed that there are rooms in the new building for the safe storage of medications on each floor.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The cook interviewed was aware of the requirements for each resident.</p> <p>Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>Foods culturally specific to Māori can be provided when requested. Cultural protocols around food are followed, including the laundering of kitchen and food-related items separately.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family/whānau interviews, and resident meeting minutes.</p> <p>PARTIAL PROVISIONAL</p> <p>The new building was observed to have kitchenettes and dining rooms on each floor, food will continue to be prepared in the main kitchen which has capacity to cater for the increased numbers.</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</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Residents and whānau reported being kept well informed during transfers.</p>

<p>services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, meet YPD residents' requirements, are well maintained, and that they meet legislative requirements. There is a current building warrant of fitness (expiry 1 July 2024). The new build has seen the main entrance redirected through the village. This is well signposted, and visitors parking is still in place. It was observed that mobility taxis and cars were freely coming and going from the rest home.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were inclusive and suited the needs of the resident groups, including for YPD residents, who voiced no concerns about the facility or the redevelopment occurring. All resident rooms have an ensuite, there are further toilet and shower facilities for staff, and toilets were available around communal areas for residents.</p> <p>Residents were happy with the environment, including heating and ventilation, privacy and maintenance.</p> <p><b>PARTIAL PROVSIONAL</b></p> <p>The redevelopment was due to open in September/October 2023, but has been delayed. The site manager stated the Certificate for Public Use visit is scheduled for 8 November 2023. This is required to be issued prior to occupancy. The BCM stated they are planning for the opening of the redevelopment rooms in February 2024, with a blessing and the invitation of local iwi to attend this and another celebration. A tour of both floors of the redevelopment showed a well laid out facility, with places for social and private conversations. Resident's rooms have</p>

		<p>ensuites attached (toilet and shower) and further toilets are available around communal areas and for visitors and staff. External windows were in each room and some rooms have a sliding door leading out to a deck area. Heating will be provided by wall mounted heat pumps and large lounge areas will have decorative fireplaces. Nurses' stations are strategically placed around both floors, utility rooms will have a laundry chute to allow laundry to be sent down to the ground level. The sizes of the rooms varied, and the smaller rooms were seen as the same size as refurbished rooms in the present facility, which were observed to meet residents' requirements for mobility with assistance. There are a number of rooms with a sitting room and separate bedrooms, and others with a sitting room and larger bedrooms to accommodate couples. Corridors are wide with handrails on one side. There are dining areas on both levels and a café on the ground floor. The rooms had carpet laid but were not furnished; the BCM stated these would be in line with the refurbished rooms in the present facility, that is, appropriate window curtains, soft recliner chairs and electronic beds.</p> <p>Consultations on the redevelopment included residents and family, as well as the Oceania regional operations manager, the business care manager, and the regional clinical manager. Te Whatu Ora Nelson Marlborough sector contact for communication for older people was consulted and involved in the design. The guest services manager, who has linkages with local iwi, spoke of looking at how they can provide some Māori aspects into the refurbishment, such as flax flowers.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<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, including the supports needed by the YPD residents, and have current first aid certificates.</p> <p>The fire evacuation plan has been approved by Fire and Emergency Service New Zealand (FENZ) and regular drills are occurring, with one delayed due to the expectation of the redevelopment being finished and</p>

		<p>which is now planned for later this month. No issues were identified at the last fire drill. An email from the external contracted provider who oversees the fire services for the facility, showed the evacuation plan for the redevelopment has been lodged with FENZ and dates prior to the CPU set for fire drills. The BCM confirmed this and stated a number of drills would occur to ensure all staff could attend.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The service is aware of the need to extend their supplies to cater for the extra number of residents and staff with the redevelopment.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Call bells were sighted in the resident rooms, ensuites, and communal areas of the redevelopment. The BCM stated these would be part of the staff orientation to the new areas.</p> <p>Residents were familiar with emergency and security arrangements.</p> <p>PARTIAL PROVISIONAL</p> <p>Appropriate security arrangements are in place presently and would extend to the new areas and would be part of the orientation of staff to the new areas.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania general manager (nursing and clinical strategy) who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania</p>

<p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>Healthcare.</p> <p>The IP and AMS programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Redwood Rest Home has IP and AMS outlined in its policy documents. This is now being supported at the governance level through clinically competent specialist personnel, who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Clinical specialists can access IP and AMS expertise through the Oceania regional and national supports and Te Whatu Ora. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings. The board collects data on infections and antibiotic use and has added ethnicity to its data. The data is being collected and analysed to support IP and AMS programmes at Redwood Rest Home and the wider Oceania group.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested.</p> <p>PARTIAL PROVISIONAL</p> <p>These processes will be extended to cover the residents in the new 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. 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>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to senior management and the governance group. The IPCC, who is a registered nurse, has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. Redwood Rest Home</p>

		<p>have documented and reported on an IP programme which identified the facility's goals for the year. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination or reusable medical devices and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single use medical devices are not reused.</p> <p>Staff were familiar with policies through education during orientation and ongoing education and were observed to follow these correctly.</p> <p>Residents and their whānau are educated about infection prevention in a manner that meets their needs, including the provision of culturally appropriate care for Māori. Resources in te reo Māori were available.</p> <p>PARTIAL PROVISIONAL</p> <p>These infection prevention programme will be extended to cover the residents in the new building, with the IPCC and the governance group having input into the new building.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage and identifies areas for improvement.</p>

		<p>PARTIAL PROVISIONAL</p> <p>The AMS programme will be extended to cover residents in the new building.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long term care facilities and is in line with priorities defined in the Oceania infection control policies. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Ethnicity data is now being collected as part of infection surveillance.</p> <p>Results of the surveillance programme are reported to management and shared with staff. Benchmarking with other facilities in the group occurs.</p> <p>There are clear processes for communication between staff and residents. Residents and family/whānau interviewed were happy with the communication from staff in relation to health care-acquired infection.</p> <p>PARTIAL PROVISIONAL</p> <p>The infection surveillance programme will be extended to cover the residents in the new building.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports the prevention of infection and transmission of anti-microbial resistant organisms. Laundry and cleaning processes are monitored for effectiveness. Audits of the environment, cleaning and laundry are completed by the registered nurse. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were safely stored.</p> <p>Residents and family/whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through interviews, observations and sighting of internal audits.</p>

		<p>PARTIAL PROVISIONAL</p> <p>The cleaning and laundry processes will be extended to the new building.</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 restraint policy clearly shows they wish their facilities to be restraint-free environments. The governance group demonstrated commitment to this and receives monthly and quarterly reports on restraint use. At the time of audit one resident was using a restraint for safety. The RN who is the restraint coordinator stated that they have looked at trials of no restraint with this resident and it was deemed unsafe for the resident, and this intervention was supported by the resident's family. The resident's file was reviewed related to restraint management and showed good processes were in place to assess, consent, review, and monitor the resident.</p> <p>Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. This was confirmed by staff spoken with.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	The redevelopment has been delayed and this has affected their ability to have a signed off Certificate of Public Use from the local authority. The site manager stated a date has been set of 8 November 2023 for this to occur.	There is no Certificate of Public Use from the local authority.	<p>The Certificate of Public Use needs to be in place prior to opening.</p> <p>Prior to occupancy 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.