

Oceania Care Company Limited - Palm Grove Rest Home and Village

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Palm Grove 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: 27 September 2023 End date: 27 September 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	75

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

Indicator	Description	Definition
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

Palm Grove Rest Home and Village is part of Oceania Healthcare Limited. The facility provides rest home and hospital level care for up to 85 residents, including care for young people with disabilities.

On the day of audit 75 beds were occupied. This unannounced surveillance audit against Nga Paerewa NZS 8134:2021 included review of policies and procedures, residents' files, aspects of staff files, observations and interviews with residents, family/whānau, managers, staff, and a nurse practitioner.

Improvements are required relating to aspects of the care plans, safe self-administering of medication, and the annual infection prevention programme.

The corrective action relating to the laundry services from the previous audit has been met.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Oceania has a Māori and Pacific people's health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and the Whare Tapa Whā model of care.

Palm Grove Rest Home and Hospital works collaboratively 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. Principles of mana motuhake practice were shown in service delivery.


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

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

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

Well-established quality and risk management systems are focused on improving service delivery and care outcomes. Actual and potential risks are identified and mitigated. Adverse events are documented with corrective actions implemented as applicable. The service complies with statutory and regulatory reporting obligations.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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When residents enter Palm Grove 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 two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. External areas are accessible and meet the needs of people with disabilities. The environment is inclusive of people's cultures.

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

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

Staff education occurs and staff demonstrated good principles and practice around infection control.

Infection surveillance is undertaken with follow-up action taken as required.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. The business care manager reported that there had been one restraint used in the last six months. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	16	0	3	0	0	0
Criteria	0	47	0	3	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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>	<p>FA</p>	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health’s Whakamaua Māori Health Action Plan 2020-2025. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>Manu motuhake was recognised and respected.</p> <p>There were residents and staff who identified as Māori on the day of the audit.</p> <p>The business care manager (BCM) reported having links with, and of receiving advice from a local marae, and a Māori health centre. Staff have</p>

		attended cultural training.
<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 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>	FA	<p>Oceania has a policy on Māori and Pacific people's health. This describes how the organisation responds to the cultural needs of residents. The document notes the need to embrace cultural and spiritual beliefs. References include the Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan. The BCM reported having links in the community for advice.</p> <p>There were no residents who identified as Pasifika in the facility on the day of audit.</p> <p>There were staff who identified as Pasifika at the time of audit. Staff have attended cultural training.</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 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. All residents receive a copy of the Code on admission.</p> <p>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</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>	FA	<p>Staff understood the Oceania policy on abuse and neglect, including what to do should there be any signs. 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.</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>Residents reported that their property is respected.</p> <p>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</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>	<p>FA</p>	<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.</p> <p>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 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</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of The Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p>

<p>improvement.</p>		<p>The BCM is responsible for complaints management and follow up.</p> <p>A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the timeframes.</p> <p>Complainants had been informed of findings following investigation.</p> <p>No complaints have been received from the Health and Disability Commissioner, Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha Canterbury) or Manatū Hauora since the last audit. The BCM reported that verbal concerns are discussed and resolved.</p> <p>The BCM reported that an external advocate who identifies as Māori would be available to support residents who identify as Māori through the complaints process if needed.</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>Oceania Healthcare Limited is the governing body and is responsible for the services provided at this facility. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>The BCM confirmed knowledge of the sector, regulatory and reporting requirements, and maintains currency with the field through legal advice, sector communication, training, Te Whatu Ora Waitaha Canterbury and colleagues.</p> <p>The service is managed by a BCM who has been in this role for 12 months. The BCM has had previous management experience in residential care facilities.</p>

	<p>The BCM is supported by a clinical manager (CM) who has been in the role since March 2022. The CM is an RN with experience in aged residential care. The CM was on leave on the day of the audit. A CM from another Oceania facility was present on the day of the audit.</p> <p>When the BCM is absent, the CM carries out all the required duties under delegated authority, with support from the national operations manager and the regional clinical manager.</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 Palm Grove Rest Home and Village (Palm Grove), and cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>The 2023 Palm Grove business plan includes the vision, mission statement, business goals and objectives. For example, to improve relationships with local iwi and hapu to increase recruitment and learning opportunities. Strengths, weaknesses, opportunities and threats (SWOT) are regularly reviewed.</p> <p>Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information, for example, information in other languages for the Code of Rights, and signage in te reo Māori. The BCM gave examples of improved health outcomes for a resident.</p> <p>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 provides clinical and quality dashboard reports to the board. Internal data</p>
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		<p>collection includes adverse events, and complaints are aggregated and corrective actions at facility level are actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury for respite, rest home, and hospital level care for up to 85 residents.</p> <p>Contracts are also held with Manatū Hauora for young people with a disability (YPD) and long-term chronic health conditions (LTCHC). On the day of the audit 75 residents were receiving care.</p> <p>Thirty-nine residents were receiving rest home level care, including two YPD residents, one end-of-life care, and two respite residents. Twenty-eight rest home beds are under an occupied rights agreement (ORA).</p> <p>Thirty-six residents were receiving hospital level care, including two residents on ACC contracts. Eighteen hospital beds are under an occupied rights agreement (ORA).</p> <p>All beds are dual-purpose beds.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Palm Grove uses Oceania’s range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle.</p> <p>The clinical manager (CM) is responsible for quality in conjunction with the BCM.</p> <p>Residents, family/whānau and staff contribute to quality improvement through resident/family/whanau and staff meetings.</p> <p>The last resident survey which was completed in March 2023 was sighted. The BCM reported the results were above average.</p>

	<p>The last staff survey completed during April 2023 was sighted. The BCM reported the results were above average. The BCM reported and documentation evidenced that a quality initiative implemented after the staff survey allows staff to apply for an annual leave day to celebrate their birthday.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and resident meetings. Minutes of the last meeting held in June were read.</p> <p>Staff and quality improvement, health and safety, and registered nurses' meetings are held monthly. Clinical indicators, for example, falls and infection rates, are captured. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>Quality initiatives include the establishment of the residents' culinary committee, and the re-formatted newsletter.</p> <p>The BCM reported that all policies and procedures are current. Policies sighted covered all necessary aspects of the service and contractual requirements and were within the expiry date.</p> <p>Internal audits are completed, for example, kitchen, laundry, medication, and the environment. The infection prevention audit was in progress. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted.</p> <p>The BCM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks. The 2023 register was sighted. Staff reported at interview that they</p>
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		<p>knew to report risks.</p> <p>A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Whilst Palm Grove is following the principles of the National Adverse Event Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. The BCM reported, and evidence was sighted that one Section 31 notification of being short staffed was made 28 November 2022 with a plan to mitigate any risk. One Section 31 for a pressure injury, and four Section 31 notifications for falls were sighted. The change of facility manager and change of clinical manager notifications were sighted.</p> <p>The BCM reported that there have been no police investigations, coroners' inquests, or issues-based audits since the previous audit.</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). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents.</p> <p>A review of two weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence.</p> <p>Staff interviewed confirmed there were sufficient staff. Bureau staff have been used to cover RN shortages. The BCM reported that bureau staff are employed regularly.</p> <p>The BCM reported, and staff confirmed, that if an RN is called to the</p>

		<p>retirement village in an emergency, there is always another RN in the hospital.</p> <p>At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. Staff reported that good access to advice is available when needed.</p> <p>The administrator described the recruitment process which includes referee checks, police vetting, and validation of qualifications and annual practising certificates (APCs) where required. Aspects of staff files were sighted.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, handwashing, hoist, moving and handling, interRAI, medication, syringe driver, and restraint-free confirmed the training.</p> <p>Continuing education is planned on an annual basis including mandatory training requirements. Staff reported they hold level three and level four New Zealand Qualification Authority (NZQA) education qualifications. Evidence was sighted of level two, three and four qualifications. The guest services manager is an assessor.</p> <p>The BCM reported that seven RNs are interRAI trained as is one enrolled nurse. Two enrolled nurses are undertaking the training.</p> <p>Training is provided either face-to-face or online and included chemicals, continence, fire safety, first aid, hand hygiene, infection prevention and handling, privacy and dignity, wound care, medication, palliative care, Treaty of Waitangi and cultural training.</p>
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<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>	<p>FA</p>	<p>Current annual practising certificates were sighted for the nurse practitioner, three enrolled nurses, fourteen registered nurses, two physiotherapists, the dietitian, three general practitioners, and the podiatrist.</p> <p>The service has a role-specific staff orientation that includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. The BCM described, and staff confirmed, the orientation process includes staff being buddied with an experienced staff member for up to three weeks or longer if needed. Evidence of orientation was sighted in staff files reviewed. Orientation includes abuse and neglect, advocacy, Code of Health and Disability Services Consumers' Rights (the Code), complaints, cultural safety, cleaning agents, fire evacuation, First Aid, health and safety, infection control, moving and handling, palliative care, policy manual, resident personal cares, and working with people with physical disabilities.</p> <p>The BCM reported and staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. A register of completed reviews was sighted.</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>PA Low</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</p>

		<p>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, are 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. However, changing management of specific medical conditions were not always documented in the resident's care plan; refer criterion 3.2.5.</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 was different to that expected or new needs were identified, changes were not always made to the care plan; refer criterion 3.2.5.</p> <p>Sufficient equipment was available and was suitable to meet the needs of residents at Palm Grove Rest Home, including pressure relieving equipment and equipment to support mobility.</p> <p>Timeframes for the initial assessment, medical or nurse practitioner assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. 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 of clinical staff, residents, and whānau.</p> <p>Residents and whānau confirmed active involvement in the assessment and care planning process; this included those with age related disabilities. Examples of choices and control over service delivery were discussed with staff and residents.</p>
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		<p>The nurse practitioner interviewed reported care was of a high standard, that nurses identify when a resident's conditions changes, and that the doctor or nurse practitioner was 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>PA Low</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medication management utilising an electronic system was observed on the day of the surveillance audit. Medications are supplied to the facility in a pre-packaged format with stock supplies of medications appropriate to the care of palliative residents. All staff who administer medicines are competent to perform the functions they manage.</p> <p>Prescribing practices are in line with the legislation, protocols, and guidelines appropriate for the facility residents. The required three-monthly review by a general practitioner (GP) or nurse practitioner (NP) were recorded during the review of the 10 medication electronic charts across the facility.</p> <p>Standing orders are not used within the facility.</p> <p>Medications are stored securely in a locked room and controlled drugs stored in secure safes, with checking by two relevant staff for accuracy during administration. The weekly and six-monthly stock checks were undertaken at the required times. A system is in place for returning expired or unrequired medications to the contracted pharmacy. Reconciliation occurs as required. All medications sighted were within current use-by dates.</p> <p>Room and fridge temperatures are recorded weekly and those viewed are within the recommended ranges.</p> <p>Residents and family/whānau interviewed stated that medication reviews</p>

		<p>and adjustments are discussed with them and with either their GP or NP. Registered nurses interviewed stated where over the counter or alternative medications are used, they are added to the medication chart.</p> <p>Self-administration of medication is facilitated. However, the service processes to ensure safe self-administration are not always followed and a resident was observed to be storing medications incorrectly in an unsecured environment.</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 people using the services. The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, allergies, any special diets, and modified texture requirements are made known to the kitchen and accommodated in the daily meal plan. Cultural preferences are accommodated and provided in consultation with individual residents.</p> <p>Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they</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</p>

<p>know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>and family/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 family/whānau reported being kept well informed during the transfers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building warrant of fitness expires on 1 June 2024. Testing and tagging of electrical equipment was current. Calibration of biomedical records sighted were current.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required. The maintenance personnel described the maintenance schedule which was sighted.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size,</p>	<p>PA Low</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 Healthcare.</p> <p>Palm Grove Rest Home has IP and AMS outlined in its policy documents and linked to the quality improvement system. This is 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 support facilities as required. Policies reflected the</p>

<p>and scope of our services.</p>		<p>requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate. An Oceania organisational template to identify the facility IP programme at facility level had been approved by the governing body. However, this is yet to be completed for Palm Grove Rest Home; refer 5.2.2.</p> <p>Clinical specialists access IP and AMS expertise through Oceania regional and national supports and locally from Te Whatu Ora Waitaha Canterbury. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Education for staff and residents was relevant to the services being provided. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</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>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 antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Corrective action has been taken related to the laundry services and there is now a clear separation between clean and dirty laundry flow. Staff are aware of the updated processes, and these were observed to be followed correctly. The corrective action raised at the last audit is now closed.</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 Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The board is fully supportive of this approach and confirmed a full report on restraint use from all facilities, including Palm Grove is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at Palm Grove in the last six months.</p> <p>Orientation and ongoing education included restraint-free practice, and management of challenging behaviours. Staff reported and records confirmed they have received training.</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 3.2.5</p> <p>Planned review of a person’s care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person’s agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person’s care or support plan, which are agreed</p>	PA Low	<p>Evaluation of care occurs daily and was documented in progress notes. Regular medical or nurse practitioner assessments were evident in all files reviewed. Formal nursing review occurs six-monthly using the interRAI assessment and processes are in place to ensure the care plan is updated. However, the care plan had not been updated following interRAI assessment in two out of six files reviewed.</p> <p>When a resident’s needs change outside the scheduled six-monthly review time, the care plan was not always reviewed and updated to reflect their changed needs; this included a resident whose care plan did not reflect monitoring required following a recent</p>	<p>Review and update of the care plan had not always occurred following the interRAI assessment.</p> <p>Required changes to a resident’s care plan were not always identified through the review process and care planning had not always been updated when a resident’s needs changed; this included residents with changed medical needs.</p>	<p>Ensure review and update of the care plan occurs in a timely manner following all interRAI assessments.</p> <p>Ensure that residents medical needs are included in care planning.</p> <p>180 days</p>

collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		medical event and hospital admission, and two residents with changing or new medical conditions which required monitoring.		
Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.	PA Low	Self-administration of medication is facilitated for residents who are able, and policy is in place to guide safe practice. One resident was self-administering medications at the time of audit. However, the service's processes to ensure safe self-administration had not been followed. The resident had not been assessed as competent to do so, had not recorded the date of opening of eye drops in use, and was observed to be storing medications incorrectly in an unsecured environment. When interviewed the resident was knowledgeable about their medications and understood the processes required; for this reason the finding is rated low risk.	The service's processes for safe self-administration of medication had not been followed for one resident. Assessment of competency had not occurred, dispensed prepackaged medications were not stored in a secured location, and the date of opening of dispensed eye drops for this resident was not recorded.	Ensure self-medication assessment processes are followed where appropriate and the storage of dispensed self-medication is facilitated in a safe and secure location within the resident's room. 90 days
Criterion 5.2.2 Service providers shall have a clearly defined and	PA Low	Oceania has a well-established infection prevention (IP) and antimicrobial stewardship (AMS) policy and	There is no facility IP programme in place at Palm Grove Rest Home.	Ensure the Oceania IP programme template is completed, identifies the

<p>documented IP programme that shall be:</p> <ul style="list-style-type: none"> (a) Developed by those with IP expertise; (b) Approved by the governance body; (c) Linked to the quality improvement programme; and (d) Reviewed and reported on annually. 		<p>programme at national level. These have been developed by those with IP expertise, are linked to quality improvement activities and approved by the clinical governance group. However, at facility level Palm Grove Rest Home is yet to complete the organisational template identifying the facility IP programme and goals.</p>		<p>facility goals, and is reviewed and reported on annually.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.