

Oceania Care Company Limited - Ohinemuri 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:	Ohinemuri Rest Home and Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 October 2023 End date: 10 October 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:	64

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

General overview of the audit

Ohinemuri Rest Home and Hospital is part of Oceania Healthcare Limited. The service is managed by a business and care manager who is supported by a clinical manager. There have been no significant changes to the service, except for facility enhancements since the previous audit. The home can provide services for up to 68 residents requiring rest home, dementia or hospital levels of care. There were 64 residents in the facility on the day of the audit.

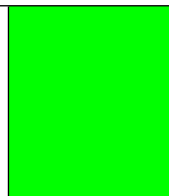
This surveillance audit process was conducted against Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the contracts the service holds with Te Whatu Ora–Health New Zealand Waikato. It included review of policies and procedures, review of residents’ and staff files, observations,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

Strengths of the service included the commitment of staff to providing quality care to their residents, their team approach, performance management and the quality and frequency of staff training.

There were no previous corrective actions that required follow up and this audit resulted in no identified areas requiring improvement. Residents and whānau interviewed spoke positively about the service and care provided.

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.

Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. Māori residents and their whānau expressed satisfaction with the way services were provided and said they felt supported.

Personal identity, independence, privacy, and dignity are respected and supported.

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

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

The complaints management process meets the Code of Health and Disability Service Consumers' Rights (the Code). Residents and whānau knew how to raise concerns or make formal complaints. The complaints process is fair, transparent and accessible for all people including Māori.

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.

Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Ohinemuri.

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. Ongoing monitoring of business, health and safety and clinical services is occurring with regular reviews according to predetermined schedules.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. An education and competency programme is fully implemented. Care staff were progressing 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.		Subsections applicable to this service fully attained.
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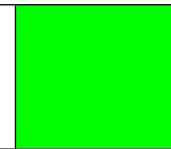
Residents' assessments and care plans are completed by suitably qualified personnel. The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The care plans demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers to other healthcare services and discharges are managed in an appropriate manner to allow continuity of care.

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

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

Te aro ki te tangata me te taiao haumarū | 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.

The facility meets the needs of residents and was clean and well maintained. There is a current building warrant of fitness. Electrical and biomedical equipment have been checked and assessed as required. Internal and external areas are accessible and safe and external areas have shade and seating provided and meet the needs of people with disabilities.

There have been no changes to the footprint of the building or a review of the fire evacuation scheme.

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

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.




Subsections applicable to this service fully attained.

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

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

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

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.
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The service is a restraint free environment. This is supported by the governing body, policies and procedures. There were no residents using restraint at the time of audit.

Comprehensive processes are in place should restraint be required. Staff interviewed demonstrated a sound knowledge and understanding of a restraint free service.

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	18	0	0	0	0	0
Criteria	0	49	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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. 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 has a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori and Pacific people as 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>Māori residents interviewed expressed satisfaction with the care provided and overall service delivery.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>The local demographical data reveals low numbers of Pasifika, which was reflected in the resident population and staff numbers. There were no residents who identified as Pasifika in the facility on the day of audit. Oceania’s policy on Māori and Pacific people’s health describes how the organisation responds to the cultural needs of all residents and embraces their cultural and spiritual beliefs. The policy documented processes and</p>

<p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>staff interviews confirmed a culturally safe approach for Pasifika peoples.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English, te reo Māori and New Zealand Sign Language throughout the facility. Staff have received training on the Code as part of the orientation process and through ongoing annual training. This was verified in interviews and staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Residents confirmed that their rights were observed.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The clinical manager (CM) stated that any observed or reported racism, abuse or exploitation would be addressed promptly. Residents and enduring powers of attorney (EPOAs) for residents in the dementia stage three unit stated that they have not witnessed or suspected abuse and neglect of residents. Staff orientation process includes education related to professional boundaries.</p> <p>Staff have received education on elder abuse. Residents reported that they are free to express any concerns to the management team when required, and these were responded to promptly. Systems to monitor institutional and systemic racism in place include residents' meetings, residents' satisfaction surveys, and case conference meetings with residents and family/whānau. Residents confirmed they are free to express their concerns in bi-monthly residents' meetings.</p> <p>Residents' property is labelled on admission and is protected.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents confirmed that they are provided with information and were involved in the consent processes. Where required, and for residents in the dementia stage 3 unit, EPOAs were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their EPOA sign on admission. Staff were observed to gain consent for daily cares.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable policy and process are in place to receive and resolve complaints for residents and whānau, including Māori, which leads to improvements. This meets the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Seven complaints had been received and logged on the electronic register since the last audit. A sample of complaints showed that the processes followed met the requirements of the Code and that complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have</p>	<p>FA</p>	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on</p>

<p>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>improving outcomes for Māori, Pasifika, and tāngata whaikaha. The board ensure compliance with legislation, contracts and regulations via the information provided to them from the senior leadership team at their regular meetings.</p> <p>The strategic plan 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. Ohinemuri’s business plan defines annual goals and projects that support the overall organisational goals. Cultural safety is embedded in business and quality plans and in staff training. Ethnicity data about staff and residents is collected and available to governance and the senior leadership team to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. 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 collection (e.g., adverse events, complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>Throughout Oceania facilities, the corporate team have worked at addressing barriers to equitable service delivery including for tāngata whaikaha. The needs of young people with disabilities is reflected in organisational documents, most recently with the release of a ‘Person with a Disability’ policy in September 2022. The audit team found no perceived or obvious barriers at Ohinemuri.</p> <p>Ohinemuri holds age related residential care agreement (ARRC) contracts with Te Whatu Ora Waikato, for the provision of rest home and hospital services, including respite care, and long-term support for chronic conditions (LTS-CHC) with a maximum capacity of 68 residents. On the day of audit 21 residents were receiving hospital level care and 32 were receiving rest home</p>
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		level care, 11 residents were in Kowhai wing, the secure unit (total 64). One of the LTS-CHC (rest home) residents was under 65 years of age, and five other rest home residents were for short term care.
<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>	FA	<p>Ohinemuri uses Oceania's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, and health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Monthly reporting includes clinical key performance indicators which are evaluated, and benchmarking with other Oceania facilities. Quality data is communicated, discussed and analysed and would identify any inequities. This was confirmed by records sighted and by staff at interview.</p> <p>The business care manager described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies and ongoing review occurring.</p> <p>Staff were reliably reporting and recording incidents. A sample of these and the system for analysing wanted and unwanted trends showed that incident management was effective. Adverse events were being used to support systems learning in accordance with the July 2023 National Adverse Events Reporting Policy.</p> <p>The business care manager (BCM) understood and has complied with essential notification reporting requirements. Section 31 notifications are made as required, as had reports for registered nurse shortfalls and reporting of two COVID-19 outbreaks.</p> <p>Managers and staff are given continuing training related to cultural competency to allow them to provide a high level of care to Māori residents, when they are present.</p>
Subsection 2.3: Service management	FA	There is a documented and implemented process for determining staffing

<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>levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The business care manager (BCM) described the ways in which the facility managed to provide RN cover for all shifts this year, until six more RNs were appointed in August 2023. The BCM spoke of the budgeting process and how they have the ability to increase staff should the acuity or number of residents increase. Healthcare staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is a RN on duty each shift within the hospital.</p> <p>There is an Oceania continuing education plan which is updated annually and includes mandatory training. Related competencies are assessed, which support equitable service delivery, and are reviewed for completeness as part of the staff's annual appraisal. 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 Te Whatu Ora Waikato.</p> <p>The staff figures provided showed that of all (40) the health care assistants currently employed, five had achieved level two, nine had achieved level three, one was at level four and 13 had completed the limited career path, dementia modules. The other 12 care staff were newly employed and still to be enrolled or were long standing staff who did not wish to undertake training.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the</p>	<p>FA</p>	<p>Professional qualifications are validated as part of the employment process and annual practising certificates were current for all health professionals employed or contracted to work at Ohinemuri. Records of ongoing training are kept and are checked as part of the annual appraisal process.</p> <p>All staff undertake an orientation process, and this was confirmed in a sample of staff files and confirmed by the BCM.</p>

<p>needs of Māori. 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>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 registered nurses (RNs) complete admission assessments, care plans and care plan evaluations. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs were used. InterRAI assessments were completed in a timely manner. Cultural assessments were completed by staff who have completed appropriate cultural safety training. The cultural assessments include Māori healing methodologies, such as karakia, mirimiri, rongoā and special instructions for taonga.</p> <p>The Māori health care plan was utilised for residents who identify as Māori. All residents' files sampled had current interRAI assessments completed, and the relevant outcome scores have supported care plan goals and interventions. Behaviour management plans were completed for identified behaviours of concern. Behaviour monitoring charts were completed where applicable, with appropriate interventions implemented as required. Residents and family/whānau or EPOAs confirmed their involvement in the assessment and care planning processes.</p> <p>The care plans reflected identified residents' strengths, goals, and aspirations, aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Care plans fully describe interventions required to address each resident's needs has been resolved. Management of specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Family/whānau goals and aspirations identified, were addressed in the care plans where applicable.</p>

		<p>Wider service integration with other health providers, including specialist services, medical and allied health professionals, was evident in the care plans. Changes in residents' health were escalated to the general practitioner (GP). Referrals were made to the Nurse Practitioner (NP) when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evident in the residents' files sampled. The NP confirmed satisfaction with the care being provided stating that Ohinemuri provide a home away from home environment.</p> <p>Medical assessments were completed by the NP, and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Medical records were evident in sampled records.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the healthcare assistants. Changes noted were reported to the RNs, as verified in the records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. Care evaluation included the residents' degree of progress towards achieving their agreed goals and aspirations, as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with the resident, family/whānau and EPOAs for residents in the dementia stage three unit, responded by initiating changes to the care plan.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents, family/whānau and EPOAs for residents in the dementia unit confirmed being involved in evaluation of progress and any resulting changes. Interviewed staff understood processes to support residents and</p>
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		whānau when required.
<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>	FA	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is used. A senior caregiver was observed administering medicine correctly. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage and had a current medication administration competency.</p> <p>Medicine allergies and sensitivities were documented on the resident's chart where applicable. The three-monthly medication reviews were consistently completed and recorded on the medicine charts sampled.</p> <p>The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by the RNs when regular medicine packs were received from the pharmacy and when residents were transferred back to the service. All medicines in the medication rooms and trolleys checked were within current use-by dates. Clinical pharmacist input was provided on request. Unwanted medicines are returned to the pharmacy in a timely manner. The records of temperatures for the medicine fridges and the medication rooms sampled were within the recommended range.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries. Standing orders are not used.</p> <p>There were no residents who were self-administering medications at the time of audit. Appropriate processes were in place to manage this in a safe manner when required, and staff understood the requirements. There is an</p>

		implemented process for comprehensive analysis of medication errors and corrective actions implemented as required.
<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>	FA	<p>Residents' diet requirements were assessed on admission to the service in consultation with the residents and their family/whānau. The nutritional assessments identify residents' personal food preferences, allergies, intolerances, any special diets, and cultural preferences.</p> <p>The service operates with a current food control plan that expires on 28 March 2024. Snacks are provided for residents in the dementia stage three unit on a 24-hourly basis.</p> <p>Residents and whānau interviewed were happy with the food and choices provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the residents' family/whānau and EPOAs. Family/whānau reported being kept well informed during the transfer of their relative. An escort is provided for residents, where required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. The reasons for transfer were documented in the transfer documents reviewed.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit,</p>	FA	<p>There are appropriate systems in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, and that they meet legislative requirements. There is a maintenance person who</p>

<p>and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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>undertakes proactive maintenance and checks, such as hot water at tap, as per an Oceania templated schedule. They also oversee contractors who come on site to undertake checks.</p> <p>There was evidence of all equipment including biomedical being calibrated and maintained. The monthly fire egress and signage checks for the building warrant of fitness (BWoF) are being undertaken and the present BWoF expires on 31 May 2024. The environment is inclusive of people's cultures, for example there were bilingual signs installed and the decor reflected a range of cultures.</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 (IP) programme is led by the general manager, nursing and clinical strategy who also leads the clinical governance team at the organisational level. The CM is the nominated onsite infection prevention and control coordinator. The clinical governance group oversees all clinical issues within Oceania Healthcare. Infection prevention policies and procedures are signed off at this level and subsequently approved by the board of governance. The infection prevention programme and policies and procedures link to the quality improvement system and are reviewed and reported on annually.</p> <p>Expertise and advice are sought following a defined process with local Te Whatu Ora infection control officers and experts from the local public health unit accessed when required. Oceania has a clinical infection prevention and control expert who is the infection prevention and control advisor.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual education sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate for the size and complexity of the service and is in line with priorities defined in the infection prevention programme. Infection data is collected, monitored, and</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>reviewed monthly. Infection surveillance included ethnicity data.</p> <p>Infection prevention audits were completed with relevant corrective actions implemented where required. Staff were informed of infection rates and regular audit outcomes at staff meetings and through compiled reports as confirmed in interviews with staff. New infections were discussed at shift handovers for early interventions to be implemented.</p> <p>Two COVID-19 infection outbreaks reported since the previous audit was managed effectively with appropriate notification completed.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free 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 Ohinemuri, is provided to the board annually. The national clinical governance group receive data on restraint use. At the time of audit, no residents were using a restraint, and there has been no restraint in use for six years. The clinical manager confirmed that there are policies and procedures in place should the staff require to initiate restraint for a resident.</p> <p>The sample of staff records confirmed regular attendance at restraint education and restraint competencies completed. The restraint coordinator maintains competency via regular zoom meetings with other clinical managers and the national clinical governance group.</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.

No data to display

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.