

Oceania Care Company Limited - Elmswood Rest Home

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: Elmswood Rest Home

Services audited: Dementia care

Dates of audit: Start date: 2 November 2023 End date: 2 November 2023

Proposed changes to current services (if any): The clinical manager in the service has resigned and is leaving the service. A replacement clinical manager has been appointed.

Total beds occupied across all premises included in the audit on the first day of the audit: 37

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

Elmswood Rest Home is certified to provide secure dementia care services for up to 37 residents. The facility is owned and operated by Oceania Healthcare, which is a developer, owner and operator of residential aged-care and retirement village facilities in New Zealand.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard (NZS 8134:2021) and the service's contracts with Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty (Te Whatu Ora Bay of Plenty). It included review of relevant policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and allied health professionals associated with the service. Residents and whānau were complimentary about the care provided.

Improvements have been made to documentation of interRAI and neurological assessments, addressing those areas requiring improvement at the previous audit. Improvements required in respect of this audit relate to care planning to accurately document the needs of the resident, activation of enduring power of attorney (EPOA) as required in secure dementia services, and first aid certification of staff to cover the roster.

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.

Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.

Elmswood Rest Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pasifika, and other ethnicities. Elmswood worked collaboratively with internal Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents, whānau and staff interviewed.

There were no Pasifika residents or staff in Elmswood Rest Home at the time of the audit; however, systems, processes and models of care relevant to Pasifika were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Complaints are resolved promptly and effectively in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori. No complaints had been received from Māori in the service.

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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined. Service performance is monitored and reviewed at planned intervals. The clinical governance structure in place is appropriate to the size and complexity of the services provided by Elmswood Rest Home.

The quality and risk management systems are focused on improving service delivery and care and these are supported at governance level. Residents and whānau provide regular feedback and staff participate in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements. Actual and potential risks are identified and mitigated.

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

Continuing education is planned on an annual basis and outlines mandatory requirements. Care staff working in the secure dementia area have the specific education required to work in the service.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When residents were admitted to Elmswood Rest Home a person- and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised. Files reviewed demonstrated that care was evaluated on a regular and timely basis.

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

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

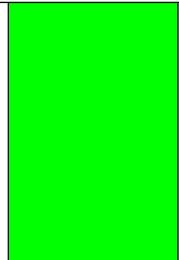
Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
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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. Electrical and biomedical equipment had been checked and assessed as required. External areas are accessible, safe, and secure. Shade and seating in garden areas meet the needs of residents, including people with disabilities.

There have been no changes to the building or evacuation planning since the previous audit.

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.
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The clinical manager at Elmswood Rest Home was the infection control coordinator who ensured the safety of residents, visitors, and staff by overseeing a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme. The programme was appropriate to the size and complexity of the service and was approved by the governing body.

The IP and AMS programme was adequately resourced, and the infection control coordinator was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required. Surveillance of infections, including the collection of ethnicity data, was undertaken. Results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when 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 is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place should restraint use be required. A suitably qualified restraint coordinator, who is a registered nurse, manages the process.

Restraint education/training is included at orientation and then annually, and competencies are assessed. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	15	0	0	3	0	0
Criteria	0	45	0	0	3	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>	FA	<p>Elmswood Rest Home (Elmswood) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan which includes a care model (Te Whare Tapa Whā) has been developed with input from cultural advisers, and this is used for residents who identify as Māori. Manu motuhake (self-determination) is respected and this was confirmed by residents and whānau interviewed.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve 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>A Pacific peoples' health plan, and policy and procedure around culturally safe care has been developed, with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The Fonofale model of care is available to be used for Pasifika residents. There were no residents who identified as Pasifika in the facility during the audit.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. The Code was displayed in English and te reo Māori at the entranceway. Brochures on the Code were available at reception.</p> <p>Residents and their whānau/enduring power of attorney (EPOA) interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</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>Employment practices at Elmswood included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Whānau/EPOA reported that residents' property was respected. Professional boundaries were maintained.</p> <p>Five residents and four whānau/EPOAs interviewed, expressed satisfaction with the services provided by Elmswood.</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</p>	<p>PA Moderate</p>	<p>Residents at Elmswood and/or their family/EPOA were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, however two of the seven files either did not have an activated EPOA, or an updated court-appointed welfare guardian on file. This is an area identified as requiring attention (refer criterion 1.7.5).</p>

<p>to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted for one complaint received in the last 12 months showed that the complaint was being addressed in a timely manner. The complaint was open at the time of the audit. To verify that a complainant is informed of the outcome of their complaint, a complaint made in January 2022 was reviewed. This complaint showed that it was addressed in a timely manner and that the complainant was informed of the outcome of their complaint.</p> <p>There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (eg, through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been no other complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive,</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice. Information garnered from these sources translates into policy and procedure.</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 and</p>

<p>inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>specialised equipment (eg, information in other languages for the Code of Rights, infection prevention and control, access to equipment needed by residents). Elmswood utilises the skills of staff and senior managers and supports them in making sure barriers to equitable service delivery are surmounted.</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 Elmswood's service. Cultural safety is embedded in business and quality plans and in staff education. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team commits to quality and risk via policy, processes and through feedback mechanisms. This includes receiving regular information from each of its care facilities. Internal data collection (eg, adverse events, complaints, internal audit activities) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Feedback is to the clinical governance group and to the board. Changes are made to business and/or the strategic plans as required.</p> <p>The clinical governance structure in place at Elmswood is appropriate to the size and complexity of the service. The business and care manager has oversight of another (nearby) facility which provides rest home and hospital care services. There is a clinical manager (CM) based solely at Elmswood with clinical oversight of the facility. The BCM and CM both confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field. The CM in the Elmswood service has resigned and is leaving the service. A replacement clinical manager has been appointed.</p> <p>The service holds contracts with Te Whatu Ora Bay of Plenty for secure dementia care. Thirty-seven (37) residents were receiving services on the day of audit.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents, accidents, and hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. 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 staff at interview. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM and CM both understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and any corrective actions followed up in a timely manner.</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. There have been two section 31 notifications completed since the last audit in relation to a change in the BCM and a change in the CM.</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-</p>	<p>PA Moderate</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). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There are 17 first aid certified staff at Elmwood; however, not all shifts are covered by a first aid certified staff member in the rosters sighted (refer criterion 2.3.3).</p> <p>Position descriptions reflected the role of the respective position and expected behaviours and values. Descriptions of roles cover responsibilities</p>

centred services.		<p>and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha. Related competencies are assessed and support equitable service delivery with the exception of first aid (refer criterion 2.3.3). Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreements with Te Whatu Ora Bay of Plenty. Of the 25 health care assistants who work in the secure unit, 18 have either completed the appropriate NZQA recognised education qualifications to allow them to work in the secure unit and seven have been enrolled within the appropriate timeframe.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff education.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for registered nurses (RNs) and associated health contractors (general practitioners (GPs), nurse practitioner (NP), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>A sample of six staff records of recent staff employed evidenced completed induction and orientation and this was confirmed by staff. Staff performance is reviewed and discussed at regular intervals; this was confirmed through review of documentation in six staff records and also confirmed through interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
Subsection 3.2: My pathway to wellbeing	PA	The multidisciplinary team at Elmswood worked in partnership with the

<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>Moderate</p>	<p>resident and their whānau to support resident wellbeing. Seven residents' files were reviewed. These files included residents who identified as Māori, residents with multiple co-morbidities, residents with a facility-acquired pressure injury, residents at considerable risk of falling, and residents with behaviours that challenged.</p> <p>Seven files reviewed verified that a care plan was developed by an RN 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>Assessments were based on a range of clinical assessments and included the resident and whānau input (as applicable). Timeframes for the initial assessment, nurse practitioner (NP) input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. This addresses a previous corrective action where it was found initial interRAI assessments had not been completed. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Residents with pressure injuries were managed in accordance with best practice guidelines and within the constraints of the residents' ability, and injuries were sighted to be healing well. Residents who had an unwitnessed fall, had an RN assessment documented and neurological observations taken within the required timeframes. This addresses a previous identified corrective action, which identified neurological observations not being taken for the required timeframes. A resident who had fallen and sustained a fracture was transferred to an acute facility in a timely manner and returned following medical input. All incidents and changes to the resident's condition included liaison with the resident's whānau/EPOA.</p> <p>Three of four residents who identified as Māori had a comprehensive Māori health plan in place. However, one resident who also spoke te reo Māori had no Māori health plan documented. All residents had a comprehensive activities assessment, plan, and goals in place. There was, however, no 24-hour lifestyle plan that addressed residents' previous lifestyle patterns and guided the residents' daily routines. Of the seven files reviewed, five of these residents had behaviour that challenges. Four of these residents had comprehensive behaviour management plans that included triggers to behaviours and de-escalation strategies. One resident had no behaviour management plan in place despite frequent episodes that required input</p>
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		<p>from Mental Health Services for Older People (MHSOP).</p> <p>Management of any specific medical conditions and required interventions were not well documented, despite evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and their whānau/EPOA, although this was not well documented (refer criterion 3.2.3). Residents' whānau/EPOAs confirmed active involvement in the process.</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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly NP review was recorded on the medicine chart. Standing orders were not used at Elmswood. Residents in this facility did not self-administer medications.</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</p>	FA	<p>The food service provided at Elmswood was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 13 September 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Elmswood on 3 May 2023. Five areas requiring corrective action were identified. These were addressed and had been signed off. The plan was verified for 18</p>

<p>health and wellbeing.</p>		<p>months. The plan is due for re-audit on 3 November 2024.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by whānau/EPOA interviews, satisfaction surveys, observations, weight records, and resident whānau/EPOA meeting minutes. This was supported on the day of the audit when residents were observed to respond favourably regarding the meal provided on the day.</p> <p>Food was available at Elmswood anytime night or day.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred following an acute event reported that they were kept well informed throughout the process.</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>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained, culturally appropriate, and that they meet legislative requirements.</p> <p>The building has a warrant of fitness which expires on 3 May 2024. A planned maintenance schedule includes electrical testing and tagging,</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>resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within acceptable limits.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It has been approved by the governing body, is link to the quality improvement system, and is reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues, and significant events to the governing body.</p> <p>Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly.</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>Elmswood undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control program. Elmswood used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data, including ethnicity data, was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff.</p>
<p>Subsection 6.1: A process of restraint</p>	<p>FA</p>	<p>Oceania is committed to a restraint-free environment in all its facilities, and this is documented in the policy and procedure in place to guide 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>Elmswood has never used restraint. There are strategies in place to support the elimination of restraint, including an investment in equipment (eg, use of 'intentional rounding' to help prevent falls, use of high/low beds and sensor mats). Documentation confirmed that restraint is discussed at governance level and that aggregated information on restraint use at facility, regional and national level is reported to the board.</p> <p>Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques as part of the 2023 education programme. Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency).</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.7.5</p> <p>I shall give informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies.</p>	<p>PA</p> <p>Moderate</p>	<p>All files reviewed had specialists' authorisation that the residents required care in a secure unit, which was locked to maintain the residents' safety. Files evidenced the residents had an EPOA or court-appointed welfare guardian in place except in two of these files. One of the files had no documentation that verified the EPOA was activated, and in the other file the court order for welfare guardianship had expired six months prior. Evidence sighted verified the court order was with the courts at the time of audit.</p>	<p>Two residents in the secure unit had no evidence to verify an activated EPOA/current welfare guardianship was in place as required when placement has been made to a secure environment.</p>	<p>Provide evidence all residents held in a secure environment have an activated EPOA or current welfare guardianship.</p> <p>30 days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and</p>	<p>PA</p> <p>Moderate</p>	<p>There are 17 first aid certified staff at Elmwood; however, not all shifts are covered by a first aid certified staff member. On the</p>	<p>Not all shifts at Elmswood have a first aid certified staff member on duty.</p>	<p>Provide evidence that all shifts at Elmswood have a first aid</p>

<p>develop the competencies of health care and support workers to meet the needs of people equitably.</p>		<p>rosters sighted, all morning shifts had a first aid certified staff member present; however, 21 afternoon and three night shifts did not have a first aid certified staff member on duty. Other competencies appropriate to the services offered at Elmswood have been completed (eg, medication competencies, cultural competencies, infection control etc).</p>		<p>certified staff member on duty.</p> <p>30 days</p>
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to</p>	<p>PA Moderate</p>	<p>A review of seven residents' files identified the RN had completed a care plan after a comprehensive assessment. In several of the files reviewed the support required to meet all the residents' care needs had not always been documented. This was regarding cultural needs, behaviour management plans, 24-hour care plans, indications that identified the residents' previous lifestyle patterns and early warning signs (eg., exacerbation of congestive heart failure and chronic obstructive pulmonary disease). Interviews and observations verified staff were aware of the residents' needs and were attending to them.</p>	<p>Care plans do not consistently identify the care the residents require to meet all their needs. This was a documentation issue only.</p>	<p>Provide evidence that care plans fully describe all the care the residents require to meet their needs.</p> <p>90 days</p>

<p>achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</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.