

Oceania Care Company Limited - The Helier Private Care Residences

Introduction

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

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

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

Dates of audit: Start date: 28 November 2023 End date: 28 November 2023

Proposed changes to current services (if any): New facility built to provide rest home and hospital services to privately paying residents in occupation right agreement care residences. Seven of the care residences are proposed to be of sufficient size to provide care services for a couple.

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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.

General overview of the audit

Oceania The Helier Private Care Residences (The Helier) is situated in St Heliers, Auckland. The facility has been configured to provide residential care for older adults in care residences, with residents entering into the service under an occupation right agreement (ORA).

This partial provisional audit has been undertaken to establish the level of preparedness of Oceania to accept residents into the care residences at The Helier Private Care Residences complex. Oceania has employed a clinical manager for the facility who will oversee the clinical aspects of the service; the clinical manager has yet to commence employment. The clinical manager is a registered nurse who has had extensive clinical experience. Current oversight of the care residences is being undertaken by the regional clinical manager for the Auckland area. Other aspects of the service (including hotel services and maintenance) will be overseen by the complex's general manager.

Prior to occupancy of residents into the care suites, the service provider is required to ensure that they have staffing available to meet the proposed roster for the services, including twenty-four hours per day, seven days per week (24/7) registered nurse cover

if hospital residents are admitted. Staff will have to be fully orientated into the service with the required competencies completed, including medication competency (as applicable) and fire and emergency management. Additionally, the service provider is required to ensure enough staff employed in the service are first aid certified to cover the roster twenty-four hours per day, seven days per week.

Ō tātou motika | Our rights

Not applicable to this audit

Hunga mahi me te hanganga | Workforce and structure

The Oceania governing body will assume accountability for delivering a high-quality service at The Helier Private Care Residences. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities). The purpose, values, direction, scope, and goals for the organisation have been planned and defined. There is a process in place to ensure that performance is monitored and reviewed at planned intervals and this process will be extended to cover the services when residents are admitted to the facility.

Oceania have configured the care residences for 32 care residences across two floors, adjacent to the St Helier Retirement Village complex. The care residences are either studios or one-bedroom apartments. It is proposed that seven of the rooms be designated as appropriate for a couple (double occupancy), six on the upper floor (level 4) and one on the lower floor (level 3) of the facility. No care has been delivered on this site previously. The care residences have been designed to meet the cultural and clinical needs of residents. The service hopes to be able to accept admissions from February 2024.

Proposed staffing levels and skill mix, outlined in the transition plan and proposed roster, are sufficient for the proposed dual-purpose care residences. Staffing levels will be managed as per the resident numbers and acuity; it is proposed that these will be slightly above those outlined in Oceania's organisational staffing acuity tool. There is a process already in place through the

Oceania support office to ensure that staff are appointed, orientated, and managed using current good practice. This has been used in the recruitment of staff for the facility and will continue to be used as new staff are recruited. A systematic approach is in place to identify and deliver ongoing learning to support safe and equitable service delivery. A nurse practitioner service has been contracted to manage residents' clinical needs.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication management policies and procedures are in place to support the safe delivery of rest home and hospital care services. Policies and procedures reflect current good practice and legislative requirements. Medication will be managed electronically and the equipment to manage this has been purchased. There is a process in place to ensure that medication will be administered by staff competent to do so.

There is a secure medication room for the storage of medication on both floors of the residences. The temperature of the room is managed through a heating/cooling pump and refrigeration equipment is being monitored. Controlled medication will be kept securely in the medication room, as will medication requiring refrigeration. Medication for residents' individual use will be kept in a locked drawer in their residence. Each residence has a programmable heat/cooling pump to maintain an appropriate temperature for medication storage.

Food services will be supplied from a kitchen within the village complex using a hot/cool food delivery service. Menus are in place that meet the nutritional needs of the residents, with cultural needs catered for. There is a food control plan in place that has been approved and there are processes in place to make sure food is safely managed.

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

The facility has been configured to meet the care needs of rest home and hospital care residents. A certificate of public use has been issued for the facility. Electrical equipment has been tested as required, including new equipment and biomedical equipment

purchased for the proposed care residences. Internal and external areas are safe and accessible and meet the needs of tāngata whaikaha.

The new care residences, across the two floors, are well-appointed. Equipment has been purchased to support both rest home and hospital levels of care. All the care residences have a ceiling hoist in place to assist with caring for residents who require such equipment. Seven rooms (six on the upper floor and one on the lower floor) are large enough to support occupancy by two people if this service is required.

The general manager of the complex and regional clinical manager, along with other managers of Oceania, currently have responsibility for the site. The general manager and the regional clinical manager understood the emergency procedures

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

Oceania, as an organisation, ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. The regional clinical manager is currently the infection prevention and control resource nurse for the programme at The Helier Private Care Residences and has been involved in service configuration and procurement processes for the care facility. The regional clinical manager also currently works as the Oceania organisational national infection prevention and control lead reporting to clinical governance and to the board.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. The organisation's clinical governance team, which includes the national infection control lead nurse and a geriatrician, have approved the infection control and pandemic plan. People working on the site were noted to be carrying out good principles and practice around infection control. The regional clinical manager was familiar with the pandemic/infectious diseases response plan, which has been specifically written to assist The Helier Private Care Residences to manage in an emergency situation.

There are processes in place through the wider Oceania organisation to ensure that aged care specific infection surveillance is undertaken with follow-up action taken as required. This will support residents in the proposed care residences once people are resident.

The environment supports the prevention and the mitigation of transmission of infections. There are policies and processes in place to make sure cleaning, laundry, waste, and hazardous substances are well managed.

Here taratahi | Restraint and seclusion

Not applicable to this audit

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	8	0	4	0	0	0
Criteria	0	79	0	6	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 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>The governing body of Oceania will assume accountability for delivering a high-quality service at The Helier. Appropriate policies and procedures relevant to Māori, and mechanisms for the delivery of equitable and appropriate services for Māori have been managed in consultation with an external service, contracted to Oceania, whose core business is to advise on matters affecting Māori. Board members have completed training on Te Tiriti o Waitangi, health equity and cultural competency. Means to support equity for Pacific peoples and tāngata whaikaha is contained within a Pacific health plan and a tāngata whaikaha – people with disabilities policy.</p> <p>The Oceania strategic plan includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and performance review requirements at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into practice for all residents.</p> <p>There is a defined governance and leadership structure, including for clinical governance, which is appropriate to the size and complexity of the proposed service. The governing body has appointed an experienced and suitably qualified clinical manager (CM) to manage The Helier Private Care Residences who has yet to commence</p>

	<p>employment. The CM will be supported at The Helier Private Care Residences by a general manager (GM) who is already managing the site. Clinical support for the CM will be through the Oceania clinical governance structure, primarily with support from the regional clinical manager (RCM). The CM was unavailable for interview. Discussion with the RCM confirmed knowledge of the sector, regulatory, and reporting requirements.</p> <p>External support for te ao Māori and Pacific peoples is available through the contracted service utilised by the board, along with support from the Oceania Māori Advisory Committee. This is supported through internal policy and procedure and health plans to include specificities aligned with Te Whare Tapa Whā (for Māori) and Fonofale (for Pasifika) models of care, as well as care planning to support people from other ethnic backgrounds. The CM has yet to be orientated to the service (refer criterion 2.4.4). There were no residents admitted to the care residences at the time of audit.</p> <p>Oceania board meeting minutes demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the Oceania board of directors showed adequate information to monitor performance is reported. A monthly report is generated that outlines an overview of adverse events, health and safety, restraint, compliments and complaints, staffing, infection control and all other aspects of the quality risk management plan. Critical and significant events are reported immediately. The Helier will contribute information through the established reporting channels to board reports once residents are admitted to the service.</p> <p>The Oceania structure outlines processes to evaluate services through meetings with residents and their whānau, and through surveys from residents and whānau. Oceania already supplies these safeguards to services being delivered in other care homes and will extend this to The Helier when there are residents present.</p> <p>The Helier is not seeking contracts with Te Whatu Ora - Health New Zealand Te Toka Tumai Auckland (Te Whatu Ora Auckland). It is proposing to provide rest home and hospital care in a private capacity with occupation rights agreements (ORAs) in place and service fees applied to cover care activities. The proposed numbers for the care facility are 32 care residences. Seven of these are suitable for couples</p>
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		<p>with the potential to, therefore, accommodate 39 residents. Manatū Hauora's HealthCERT, has responded to The Helier's notification of a new building (by letter dated 22 November 2023). HealthCERT has advised The Helier that rooms suitable for couples are to be recorded as single use rooms as this will correctly reflect the requirements for staffing. When these rooms are used for couples HealthCERT has advised that it will allow five couples in the facility without the requirement for a reconfiguration. If five or more couples are planned a reconfiguration request will need to be submitted to HealthCERT. The Heliers managers interviewed are aware of this requirement and have advised that they will comply.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>Oceania has a sound recruitment processes in place managed at facility level and through the Oceania support office. There is a documented process in place for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, 7 days a week (24/7) through a transition plan. The transition plan outlines a process to adjust staffing levels to meet the needs of residents as they are admitted to the facility and thereafter through bed occupancy and resident acuity, and service objectives. The regional clinical manager (RCM) for Auckland is currently managing The Helier with the support of other Oceania managers and The Helier general manager.</p> <p>The proposed roster for the facility comprises of registered nurse (RN) cover 24 hours per day/seven days per week (24/7) with the support of the CM (who is an RN) five days per week. The RNs will be supported by care associates. The transition plan shows how staffing will be increased dependent on admissions (refer criterion 2.3.1). Proposed rosters show that, at capacity, there will be two RNs on duty in the morning and two in the afternoon with a supporting RN shift between 1000hrs and 1830hours, and one RN on night shift. Care associate morning shifts will see eight care associates on duty, all eight-hour shifts. In the afternoon, seven care associates will be on shift, three on eight-hour shifts, three on six-hour shifts, and one on a 7.5-hour shift. Night shift will consist of three care associates on duty on 7.5-hour shifts.</p> <p>The service will also employ several other support positions (conciierge</p>

		<p>services, administration, butlers, a food and beverage manager, an executive housekeeper and housekeeping staff, a personal laundry valet, lifestyle (recreation) staff, and maintenance staff). Laundry services will be externally contracted. Food services are already in place servicing the adjacent retirement village; these will be extended to include the proposed care residences.</p> <p>Oceania has a formal orientation process for all staff that includes competencies dependent on the role. All staff are required to have cultural competence as part of the orientation process (refer criterion 2.4.4). Continuing education and competency review thereafter is planned by Oceania on an annual basis. The training programme is delivered via study days to ensure that all mandatory training requirements are included. Registered nurse (RN) specific training includes interRAI competency, first aid certification (refer criterion 4.2.4) and syringe driver training.</p> <p>The collecting and sharing of health information including 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>Oceania supports and encourages health care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Training and competence support are provided to staff in the orientation programme and then ongoing to ensure health and safety in the workplace (refer criterion 2.4.4). There are policies and procedures in place around wellness, bullying, and harassment. The service allows employees 'birthday leave' and staff have access to a confidential employment assistance programme (EAP).</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>PA Low</p>	<p>Oceania staff management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development. These processes are in place to support new applications for the increased staffing required to deliver care into the care residences. There are job descriptions in place for all positions, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in</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>each position, including for restraint and infection prevention and control (currently being undertaken by the RCM). The service understands its obligations in recruitment in line with the Ngā Paerewa standard. The service has procedures in place to actively seek and recruit Māori and Pasifika at all levels of the organisation (including management and governance), dependent on vacancies and applicants. Ethnicity data is currently being recorded and used by Oceania in line with health information standards; St Helier will collect ethnicity information on staff and residents through the embedded Oceania systems.</p> <p>Prior to resident occupancy, staff already employed and new staff entering into The Helier's service are required to be orientated to the specific services proposed for The Helier, with competencies assessed (refer criteria 2.3.3 and 2.4.4). A three-week orientation programme has been planned for new staff entering into the service. A process to ensure performance appraisals for staff are carried out annually is embedded in Oceania's staff management system; this will be extended to include any new staff employed for The Helier.</p> <p>Staff information systems are electronic. They are secure with username and password protection. Access to staff information is limited, dependent on the role of the staff member seeking information.</p> <p>A register of practising certificates is maintained for RNs and associated health contractors; these were sighted for the new CM and associated health professionals already in place (the RCM, nurse practitioner (NP), pharmacy, physiotherapy, and the dietitian).</p> <p>The wellbeing policy outlines debrief opportunities following incidents or adverse events and this will be implemented by the service. Staff have access to an EAP should they require personal support.</p>
<p>Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication</p>	<p>PA Low</p>	<p>Oceania's medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these are available for use at The Helier. A system for medicine management using an electronic system is available for use in the proposed care residences. Equipment to manage medication administration safely has been purchased. Space on each floor of the facility has been designated for management of medication; this is kept locked. The new</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>medication rooms are temperature controlled pre-set heat/cool pump settings, and there is a process in place to manage refrigerator temperatures (monitoring has commenced).</p> <p>Medications will be supplied to the facility from a contracted pharmacy. There are processes in place to ensure that medication reconciliation occurs. There were no medications on site during the audit.</p> <p>The Helier plans to store residents' medications in their residences unless there is a specific requirement re: storage (eg, for controlled drugs or those requiring specific temperature regulation). Medications will be stored in a locked drawer in the care residence with a separate 'keypad' lock to hold the key. All care residences have a heat/cool pump in place to keep the medication being stored in the room at the required temperature. Self-administration of medication will be facilitated for residents with processes in place to ensure these are safely managed (eg, NP competency assessment, physical ability to manage medication).</p> <p>Nurse practitioner services have been contracted for the proposed service. Oceania's policies require that NP reviews be recorded on the electronic medication charts of residents; this will be put into place at The Helier when residents enter the service. Residents are supported to understand their medications through the care planning and review process by RNs and the NP. If support is required for Māori, The Helier will utilise the Oceania support network or the Māori Pharmacy Association through their contracted pharmacy. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. Standing orders will not be used at The Helier.</p> <p>Procedures are in place to ensure that all staff who administer medicines are competent to perform the function they manage, but this has not yet been put into place at The Helier (refer criterion 3.4.3). A process is in place to identify, record and communicate residents' medicine-related allergies and sensitivities through the electronic medication management system.</p> <p>Support for people to understand their medication will be provided by the RNs in the service, in consultation with the NP. Support for Māori will be through the Oceania network initially, until relationships with local Māori have been fully established at The Helier. A geriatrician who is</p>
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		<p>part of the clinical governance group has the knowledge and experience required to provide support, as necessary. Over-the-counter medication and any supplements used by residents will be considered as part of the person's medication, this is normal practice for Oceania.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Food services are being provided for the adjacent retirement village. A menu relevant for the care of residents admitted to the care residences is in line with recognised nutritional guidelines for older people. Food is currently being prepared on-site for the retirement village and, once there are occupants in the proposed care residences, food will be served in the dining rooms and residents' rooms via a hot/cold food distribution service. The proposed care residences have a dining and lounge area on each floor, there is room for residents to enjoy their meals in a relaxing environment.</p> <p>All aspects of food management comply with current legislation and guidelines. The menu proposed for The Heliers care residences is managed at an organisational level. It is in line with other organisation facilities and set by an employed registered dietitian. Residents in the care residences will also have access to the complex's à la carte menu should they wish. Menu development is run on a seasonal cycle, the last menu review was approved on 13 September 2023. Food preferences for Māori are addressed as required but form part of menu planning for the organisation. The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 2 October 2023. One area of non-conformance was noted, this has been addressed and signed off by the verifier on 1 November 2023. The plan was verified for 12 months.</p> <p>There are processes in place to ensure each resident has a nutritional assessment on admission to the facility, this includes intolerances, allergies, and cultural preferences. The kitchen manager is made aware of the dietary needs of residents via their diet profiles. Any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice from the menu, including specific menu options for Māori residents.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose and that they meet legislative requirements. The facility has a certificate of public use in place with an expiry date of 25 March 2024. There has been consultation with Māori (local iwi) re: The Helier site following a finding of cultural significance while the facility was being built. Oceania is aware of the requirement to consult and co-design with Māori in the future if further building is planned; this was not required for this facility given it was planned prior to the implementation of the Ngā Paerewa standard. Māori art was sighted in the proposed care residency area, as was a copy of the Code of Rights in te reo Māori.</p> <p>A preventative maintenance programme is already in place to ensure the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, equipment checks, and calibrations of clinical equipment. Monthly hot water testing is in place for resident areas and monitoring has already been implemented; all temperatures were within the accepted range. There is a process in place to identify deficits and managed remediation through tempering valves should this be required in the future.</p> <p>The proposed care residences are comfortable and accessible, with space to promote independence and safe mobility. On level three (lower floor of the care facility) there are 12 care residences; five are studios and seven are one-bedroom apartments, one residence is suitable for double occupancy. On level four (upper floor of the care facility) there are 20 care residences; nine are studios and 11 are one-bedroom apartments, six are suitable for double occupancy. There is a lift in place to allow movement between the floors and a fire escape at the end of each floor to allow for safe fire and emergency egress with equipment to support evacuation in place. The 32 proposed care residences are to be occupied privately with residency through ORA contracts. The intention is to provide dual-purpose (rest home or hospital) services.</p> <p>Corridors are wide enough for the safe use of mobility aids, including electronic mobility aids, and handrails are in place. Spaces within the facility are culturally inclusive and suited to the needs of the resident groups proposed for the service. There is a lounge/dining facility on</p>
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		<p>each floor. The lounge area on the upper floor can be used for activities for residents. External areas are available via a patio from level four of the building (the building is on a sloping site) and from balconies from some of the care residences. The external patio is planted and landscaped. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including separate facilities for staff and accessible facilities for visitors. All care residences have ensuite toilets, handbasins, and shower facilities and each has a ceiling hoist in place.</p> <p>Rooms can be personalised according to the resident's preference, and all have external windows which can be opened for ventilation; safety catches are in place. All care residences and communal areas have heat pumps in situ, and these can be used to set to residents' preferred heat/cool settings. There is space in the proposed care residences for the use of mobile moving and handling equipment in case of an emergency; mobile hoists (standing and sling) have been purchased. Equipment sighted confirmed that enough equipment has been purchased to manage the proposed resident care activities.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Disaster and civil defence plans and policies are in place to direct the facility in their preparation for disasters and these describe the procedures to be followed. The fire evacuation plan for the proposed care residences was approved by Fire and Emergency New Zealand (FENZ) on 31 October 2023 and the requirements are reflected in the Fire and Emergency Management Scheme. All areas have wired smoke alarms and sprinklers in situ. A fire evacuation drill is scheduled six-monthly; however, this was performed on the day of audit when there was an unplanned fire alarm. Processes were noted to be effective with appropriate follow-up.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. The supplies on hand are sufficient to manage any admissions into the proposed care residences. Alternative essential energy and utility sources are available, in the event of the main supplies failing. A civil defence emergency management plan is clear about the responsibilities of staff in the event of a civil defence</p>

		<p>emergency.</p> <p>Orientation includes competencies in the management of fire and emergency, and continuing competency in these are part of the annual training programme, although no staff have, as yet, had the opportunity to access the training required (refer criterion 4.2.3). Emergency and security arrangements will be explained to new residents and their whānau during the admission process and an information booklet (already available) containing emergency and security information (plus other general information) will be made available when residents are admitted. Call bells are in place to alert staff to residents requiring assistance.</p> <p>There is a programme in place to ensure that there will always be a staff member on duty with current first aid certification; however, there was no evidence to support that the new CM has first aid certification and other staff to support the service have not yet been employed (refer criterion 4.2.4). RNs will be on site 24/7 (refer criterion 2.3.1).</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Oceania governance body has identified infection prevention and control (IPC) and antimicrobial stewardship (AMS) as integral to the service and part of its quality programme. Board and clinical governance meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes (eg, COVID-19, respiratory and gastric infections, and other outbreaks) and any corrective actions arising from deficits identified.</p> <p>Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Such events and trends are reported and managed at increasingly senior levels through the clinical team, Oceania's IPC national lead (who has current oversight of The Helier), and through the clinical governance team to the Oceania board. Services in the proposed care residences will be incorporated into Oceania's organisational IPC and AMS monitoring as per the monitoring of current residents in the wider service.</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 RCM currently managing The Hellier's service is an RN and is acting as the IPC coordinator (IPCC) for the service. The RCM is also Oceania's national IPC lead and has a postgraduate qualification in infection prevention and control. The RCM has, therefore, the appropriate skills, knowledge, and qualifications to support and maintain safe IPC and AMS practices at the facility.</p> <p>The RCM is responsible for overseeing and implementing the IPC programme at The Helier, with reporting lines to the clinical governance group and thence to the board. The IP and AMS programme is linked to the quality improvement programme that is reviewed and reported on annually, and this has been approved at board level. Advice was sought from the RCM in the capacity of Oceania's national IPC lead prior to and during the commissioning of the care residences, and when making decisions around procurement relevant to care delivery, and policies.</p> <p>The IPC policies and procedures currently in place reflect the requirements of the standard. They are provided by Oceania's clinical governance group and are based on accepted good practice. Cultural advice is sought where appropriate through internal and external support channels. There are processes in place to ensure that staff are made familiar with policies and procedures through orientation (refer criterion 2.4.4) and then through ongoing education. Policies, processes, and audits ensure that reusable and shared equipment are decontaminated using best practice guidelines. There are processes and equipment in place to ensure single use items can be discarded after use. Educational resources include a range of brochures which are available and accessible in te reo Māori. Processes already in place will be extended to meet the needs of residents in the proposed care residences.</p> <p>A pandemic/infectious diseases response plan is documented. Sufficient resources have been purchased to manage infection, including sufficient stores of personal protective equipment (PPE). The RCM reported that there are processes in place to make sure that residents and their whānau can be educated about infection prevention in a manner that meets their needs.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Oceania is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. There is an antimicrobial stewardship (AMS) programme in place and the effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. The programme is integrated into the Oceania reporting structure for all of its facilities and will be extended to the proposed care residences when residents are admitted as per Oceania's normal practice. The programme includes ensuring antibiotic absorption is optimised with food at mealtimes, that they are administered at the right time with the right interval, and the prescribed course is completed. Antibiotic use is reported to governance level and internally benchmarked.</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>Oceania's policy and procedures for the surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. The Helier will use Oceania's standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>A process is in place for The Helier to institute Oceania's HAI monitoring processes. This requires that monthly surveillance data be collected, collated, and analysed to identify any trends, possible causative factors and required actions in respect of HAIs. Results of the surveillance programme are shared with staff, and at clinical governance and governance level. Surveillance data collected includes ethnicity data and antibiotic use. Results of surveillance are benchmarked with other Oceania sites and reported per 1000 occupied bed days.</p> <p>Culturally clear processes are in place to communicate with residents and their whānau, and these are documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>Processes are in place to maintain a clean and hygienic environment that supports prevention of infection and transmission of antimicrobial-</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>resistant organisms at The Helier. Suitable personal protective equipment (PPE) is available to those who will be handling contaminated material, waste, and hazardous substances. Chemicals in the facility during the audit were labelled and were being stored safely in secured areas. Material data safety sheets (MDSS) are available to staff for emergency use. Sluice rooms are in place for the disposal of soiled water and waste, and bedpan/urinal sanitisation equipment has been purchased. Hand washing facilities and hand sanitisers were available throughout the facility. Given the site is already operating as a retirement village, there are processes in place to ensure village residents, visitors and the workforce are protected from harm when handling waste or hazardous substances. Current processes will be extended to the care residences when residents are admitted, and staff employed.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency, and materials to be used in cleaning processes. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment. Policy and procedures are in place to guide practice.</p> <p>There are documented policies and processes in place for the management of laundry, although this service will be contracted to a professional laundry service.</p> <p>Monitoring for the effectiveness of cleaning and laundry services will be managed through Oceania’s internal auditing programme with personal laundry valet staff monitoring personal laundry services for residents.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>The service has employed a CM for the service who has yet to commence employment. Recruitment is ongoing to ensure that there will be sufficient staff to cover the proposed roster prior to residents being admitted to the proposed care residences.</p>	<p>Staffing levels are not yet in place to provide culturally and clinically safe services in the proposed care residences.</p>	<p>Ensure there are sufficient staff in place to provide culturally and clinically safe services for rest home and hospital level care residents in the proposed care residences.</p> <p>Prior to occupancy days</p>
<p>Criterion 2.3.3</p> <p>Service providers shall implement systems to determine and develop the competencies of health care and support workers to meet the needs of people equitably.</p>	PA Low	<p>Other than the CM who has not commenced employment, no staff have yet been employed for the service. Once the CM commences employment and staff have been employed for the service, the service will be required to assess the competencies of those staff prior to residents being admitted. Oceania have a competency</p>	<p>The system to determine and develop the competencies of health care and support workers to meet the needs of people equitably has not yet been implemented at The Helier.</p>	<p>Provide evidence that the system to determine and develop the competencies of health care and support workers to meet the needs of people equitably has been implemented at The Helier.</p> <p>Prior to occupancy days</p>

		framework in place which will be applied at The Helier but this is not yet implemented. The competency framework includes medication management (as applicable), infection prevention and control (IPC), health and safety (including moving and handling of residents and chemical use), the Code of Rights and care activities, cultural safety (cultural safety competency includes equity principles), Te Tiriti o Waitangi, te reo Māori and tikanga practices.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	Oceania has robust processes in place to orientate staff to their facilities and these will be utilised at The Helier. Staff entering into The Helier service will be required to be orientated to the specific services proposed for The Helier.	Staff have not yet commenced employment and have not been orientated to the services proposed for The Helier.	<p>Provide evidence that staff who have commenced employment at The Helier have been oriented to the services proposed to be provided.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.3</p> <p>Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	PA Low	There is a process in place to ensure that staff who manage medication are competent to perform this function, but this has not yet been put into place as there are no staff who have commenced employment in the service. Medication competency is required in the orientation of staff, dependent on their roles, along with orientation (for RNs) on the processes for receiving, storing, safe disposal, or	The service does not, as yet, have staff with documented medication administration and monitoring competency. The RNs who are to be employed into the service have not had orientation on the processes for receiving, storing, safe disposal, or returning of medication to pharmacy.	Provide evidence that staff who are to be managing medication in the service have documented medication administration and monitoring competency. Provide evidence that RNs employed into the service have received orientation related to the safe receipt, storage, safe disposal, and returning to pharmacy functions for medication management at St Helier.

		returning of medication to pharmacy. All RNs and senior care associates will be expected to complete medication administration and monitoring competency.		Prior to occupancy days
<p>Criterion 4.2.3</p> <p>Health care and support workers shall receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	The CM has not, as yet, commenced employment and other staff required to provide care services in the care residences have not yet been employed. Once staff are in place within the care facility, fire and emergency management training relevant to the site will need to be conducted.	Staff are not yet employed into the service. Once staff are in place, training in fire and emergency management training relevant to the site will need to be conducted.	<p>Provide evidence that staff employed into the service have received training in fire and emergency management relevant to the site.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.4</p> <p>Service providers shall ensure health care and support workers are able to provide a level of first aid and emergency treatment appropriate for the degree of risk associated with the provision of the service.</p>	PA Low	Staff have been, or are being, recruited to the service. There is no evidence that the CM currently recruited has first aid certification or that staff employed into the service will have first aid certification when they commence employment. Staff will be booked to have the required training during the three-week orientation programme which has already been planned.	There are insufficient staff with current first aid certification employed to cover the proposed roster for the service 24/7.	<p>Provide evidence that there are sufficient staff who are first aid certified to cover the roster prior to residents being admitted to the service.</p> <p>Prior to occupancy days</p>

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.