

Elms Court on Middlepark Limited - Elms Court on Middlepark

Introduction

This report records the results of a 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 BSI Group New Zealand Ltd, 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:	Elms Court on Middlepark Limited
Premises audited:	Elms Court on Middlepark
Services audited:	Residential disability services - Intellectual; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services - Psychiatric; Residential disability services – Sensory
Dates of audit:	Start date: 27 March 2024 End date: 28 March 2024
Proposed changes to current services (if any):	This service is certified for Hospital services - Geriatric services; Hospital services – Medical services and Rest home care (excluding dementia care).

Please remove Residential disability services – Intellectual; Residential disability services - Physical; Residential disability services - Psychiatric; Residential disability services – Sensory from the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

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 haumarua | 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

Middlepark Senior Care is part of the Oceania Healthcare Group. Middlepark Senior Care is certified to provide hospital (geriatric and medical), rest home and dementia levels of care for up to 55 residents. There were 43 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora – Waitaha Christchurch. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family/whānau, residents, management, staff, the general practitioner, and the prospective purchaser.

The business and care manager is supported by the national operations manager and the national quality manager. The clinical manager has been in the position for the previous 12 months. Feedback from family/whānau and residents was very positive about the care and the services provided at Middlepark Senior Care.

This provisional audit identified shortfalls in relation to staff orientation and appraisals, education, care plan timeframes, interventions, monitoring, evaluations and medication management.

Ō tātou motika | Our rights

Middlepark Senior Care provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. A Māori and Pasifika Health Plan is in place and Māori residents were at Middlepark Senior Care at the time of the audit. Spirituality, beliefs, and values are respected. The provider ensures the service is safe for Pacific peoples.

Residents receive services in an equal manner that considers their dignity, privacy, and independence. Staff were observed effectively communicating with residents about their choices.

Evidence was provided that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. When complaints occur, they are managed appropriately.

Hunga mahi me te hanganga | Workforce and structure

Services are planned, coordinated, and are appropriate to the needs of the residents. The organisational strategic plan informs the operational objectives and Middlepark Senior Care has a business. Middlepark Senior Care has implemented the organisational quality and risk management system. Quality data is collated and benchmarked.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme documented that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and included skill mixes.

Ngā huarahi ki te ora | Pathways to wellbeing

There is an admission package on all services and levels of care provided at Middlepark Senior Care. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and healthcare assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner.

An activities programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, and cognitive abilities and preferences for each resident group. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained. Residents and family/whānau reported satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission and all meals are prepared and cooked off site by a contracted service. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

All planned resident transfers, discharges and referrals are coordinated in a safe manner between services and in collaboration with residents and families/whānau.

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

The building holds a current warrant of fitness. There is a preventative and reactive maintenance plan documented. Rooms are spacious to provide personal cares. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade.

Appropriate training, information, and equipment for responding to emergencies are provided. There is an emergency management plan in place and adequate civil defence supplies. A staff member trained in first aid is on duty at all times. The appropriate security measures are undertaken.

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

A suite of infection control policies and procedures are documented and in use. The infection prevention and control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection prevention control programme have been developed, approved and reviewed at organisational level.

Surveillance processes are documented to ensure infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There have been one outbreak since the previous audit.

There are organisational laundry and cleaning processes which are adhered to. Staff have completed chemical training.

Here taratahi | Restraint and seclusion

The restraint coordinator is a registered nurse who provides oversight for the restraint programme and there is commitment at the service to maintain a restraint-free environment. There were no residents using restraint at the time of the audit. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and considers alternative interventions before restraint is approved

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	23	0	3	1	0	0
Criteria	0	162	0	6	1	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>Oceania has a comprehensive organisational Māori and Pasifika Health Plan 2022 – 2025. Middlepark Senior Care has developed a facility specific plan that relates to their relationship with their local marae and community. This includes an organisational Māori engagement framework which outlines how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligation and responsibilities under Te Tiriti o Waitangi to underpin services. Cultural resources are available to staff that includes residents rights in te reo Māori, cultural considerations for care and guidelines to assist culturally appropriate communication. Other current policies include the cultural responsiveness policy, and the code of conduct for staff which includes the service's values in both English and te reo Māori.</p> <p>From the organisational plan Middlepark Senior Care has a plan that is specific to Middlepark Senior Care and its community which includes Rehue Marae. Māori health strategy includes links to the Māori Health team at Health New Zealand – Canterbury and has links through staff and the family/whānau of residents.</p> <p>The national quality manager and clinical manager (CM) confirmed that the service supports increasing Māori capacity by employing</p>

		<p>Māori staff members through a fair and equitable employment process. The service employs staff who identify as Māori and there are residents who identify as Māori.</p> <p>Residents who identify as Māori were interviewed and feel their culture is well supported.</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>On admission all residents state their ethnicity. There were no residents who identified as Pasifika; however, the business care manager and clinical manager (CM) stated if there Pasifika residents then their individual cultural beliefs would be documented in their care plan. Whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>The Māori and Pasifika Health and Wellbeing Plan 2022-2025 is in place and has been developed in partnership approach with Pasifika. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>There are staff employed who identify as Pasifika. Pasifika staff are available to support management and other staff on how to provide an equitable and efficient health and disability service for Pacific peoples. The business care manager and CM stated Pacific staff are employed through an equitable employment process and support staff through their training to gain a formal qualification.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details relating to the Code are included in the information pack that is provided to new residents and their family/whānau at entry. Management discusses aspects of the Code with residents and family/whānau on admission.</p> <p>The four families interviewed reported residents rights are being upheld by the service. Further to this they confirmed residents are treated with respect and their independence is supported and</p>

		<p>encouraged. Residents interviewed (four rest home and two hospital) confirmed that their rights were being met.</p> <p>Information about the Nationwide Health and Disability Advocacy Service, and the resident advocate is available to residents and families/whānau. There are links to spiritual support. Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers' Rights (the Code) at orientation and through the annual training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>Māori mana motuhake is reflected in the Māori Health Strategy and the Māori health care plan. Interviews with eleven staff (six healthcare assistants, two registered nurses (RN), one diversional therapist, one housekeeper, and one chef), and management interviewed (National Operations Manager, National Quality Manager, Business Care Manager and Clinical Manager) identified staff are encouraged to recognise Māori mana motuhake and provided examples of this in relation to their role. Interactions observed between staff and residents were respectful. Care plans reflected residents were encouraged to make choices and be as independent as possible.</p> <p>The prospective purchaser –explained at interview their aged care experience and familiarity with the Code and promotion of Māori motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The HCAs interviewed (across the rest home and hospital) described how they provide choice to residents during their daily cares and routines. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Family/whānau members stated staff are patient and encouraging with residents, allowing them as much choice as possible.</p> <p>It was observed residents are treated with dignity and respect. All residents have their own room which is personalised with their photos and possessions. The 2024 satisfaction survey has not yet been collated; however, the one completed in 2023 confirmed that residents</p>

		<p>and family/whānau are treated with respect. Residents interviewed confirmed they are being treated with dignity and respect, with staff adhering to their cultural values and beliefs.</p> <p>There is a sexuality and intimacy policy in place. Staff interviewed stated they respect each resident's right to have space to manage intimate relationships. Families/whānau interviewed were positive about the service in relation to each resident's values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified.</p> <p>Policies and procedures support tikanga Māori and encourage the use of te reo Māori. Staff interviews verified that cultural training has been provided, and staff are able to describe how they implement this knowledge when engaging in discussions with or providing care to residents. Tāngata whaikaha are supported to participate in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>The service has policies and procedures to protect people from abuse, discrimination, and neglect. Staff are provided with ongoing training around their policies and procedures. Cultural days are held to celebrate diversity. An employee handbook and staff code of conduct are discussed during the new employee's orientation to the service with evidence of staff signing an acknowledgement. The code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. As part of Oceania's Māori and Pasifika plan there a national cultural safety committee which ensures wellbeing outcomes for Māori are prioritised.</p>

		<p>The Oceania organisation provides a strengths-based and holistic model of care, based on the five pillars of wellbeing. The service ensures wellbeing outcomes for all residents (including those who identify as Māori) are prioritised, as evidenced in the resident centred care plans.</p> <p>Staff interviewed reported training around abuse and neglect within the last two years. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The families/whānau interviewed confirmed that the care provided to their family member is of good standard.</p> <p>Police checks are completed as part of the employment process. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants confirmed their understanding of professional boundaries, institutional racism, and bias. There are policies in place regarding management of residents property and finances which are implemented.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Information is provided to residents and family/whānau on admission. Interviews with family/whānau confirmed that the service provides a high level of communication and keeps them well informed.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Family/whānau and residents confirmed they feel informed about things that happen within the facility and the management and registered nurse (RN) are available, accessible and collaborate with residents about their wellbeing outcomes.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Healthcare assistants explained during interview how they communicate with residents, adapting their speech to suit the resident's needs. Staff were able to show a variety of communication aids including pictures, and words written in English with corresponding te reo Māori.</p> <p>Non-subsidised residents are advised in writing of their eligibility and</p>

		<p>the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The residents are provided a choice around additional charges and premium room fees.</p> <p>The service communicates with other agencies that are involved with the resident such as Health New Zealand - Christchurch specialist services such as Nurse Maude.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>There are policies around informed consent that align with the Code. The service has advance care plans to assist in planning the resident's ceiling of care and wishes. Separate consent forms for Covid - 19 and flu vaccinations were also on file, where appropriate. Residents interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy in place. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. Enduring power of attorneys were appropriately activated and evident where appropriate. Admission agreements had been signed and sighted for all the files reviewed.</p> <p>The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process and in the planning of resident's care.</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</p>	FA	<p>All residents and family/whānau are provided with easy-to-understand information about how to raise concerns/complaints and compliments, what to expect through the process and their right to support and advocacy. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. The business care manager maintains records of complaints, actions taken, and resolution, and was knowledgeable around the complaint process. The management team were aware of the importance of</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>face-to-face interactions for Māori, and practice and practice an open-door policy.</p> <p>A complaints register is in place and there have been no complaints since the previous audit. There are two outstanding HDC complaints; however, there were no issues identified at this audit that were raised in the complaints. The business care manager and CM stated that they address concerns as they arise. Staff are informed of any complaints received in staff meetings.</p> <p>Discussions with families/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings and through surveys.</p> <p>Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Middlepark Senior Care is certified to provide rest home and hospital level of care for up to 55 residents. Middlepark Senior Care has 55 dual-purpose rooms, of which 34 are single rooms and 21 are care suites. The care suites comprise of six one-bedroom apartments and 15 studio rooms. On the days of the audit there were 26 rest home residents including two residents on a respite contract and one resident on a younger person with a disability (YPD) contract. Seventeen hospital residents including one resident with a short term accident compensation corporation (ACC) contract and two hospital respite residents and one long term support -chronic health conditions (LTS-CHC).</p> <p>The Governance Board consists of the Oceania Chairperson and five independent professional directors, each with their own expertise. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p>

		<p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Working practices at Middlepark Senior Care are holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The diversional therapist supports residents to maintain links with the community. Information is reported through to the Board through the CEO, who receives detailed monthly reporting from National Managers including monitoring of goals and performance in key areas in the strategic plan including quality care and service provision, achievement of financial targets. A clinical governance structure appropriate to the size and complexity of the organisation is in place.</p> <p>The Māori and Pasifika Health Plan provides a framework to identify and address issues to ensure a safe living and working environment is developed and maintained for all. Cultural compliance includes tracking of ethnicity data for residents via established electronic systems.</p> <p>The business care manager is supported by a national operations manager and the national quality manager (present during the audit) and a CM. The CM has been in the role for one year. The business care manager and CM have maintained at least eight hours of professional development activities related to managing an aged care facility.</p> <p>The prospective purchaser is an experienced aged care provider. The organisation owns three care facilities in Christchurch. A documented transition plan with timeframes to implement the prospective purchasers policies and procedures, quality systems and electronic client management system. The transition plan details the roles and responsibilities of the general manager, facility manager, and the clinical team. The planned takeover date is 13 May 2024.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	FA	<p>Middlepark senior Care has an established quality and risk management framework and processes to ensure services are</p>

<p>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>delivered to reflect the principle of quality improvement processes. The organisation's policies include a clinical risk management policy, documents control, clinical governance terms of reference, quality improvement policy, health and safety strategy, critical incident/accident/sentinel event policy and quality cycle. Oceania has established systems in place to record track and analyse quality data. This includes the Quality Compliance Audit Management (QCAM) system, which is used to capture, track and report on quality information and issues. programme is in place. Monthly meeting minutes include evidence a comprehensive review and discussion around all areas of the service including (but not limited to): clinical, staff, health and safety and infection control. Monthly clinical meetings and staff meetings ensure good communication. Corrective actions are documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard.</p> <p>The 2023 resident satisfaction survey indicated general satisfaction by the residents; however, there were areas where corrective action plans were implemented. Results of the 2024 survey have yet to be collated and analysed.</p> <p>Interviews with the business care manager, and HCA's confirmed health and safety training begins during staff induction to the service. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, reported to the national manager, and a consolidated report and analysis of all facilities are then provided to the governance body monthly.</p> <p>Electronic reports are completed for each incident/accident, and a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in ten accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against clinical indicator data. The electronic system escalates alerts to the Oceania senior team members depending on the risk level.</p> <p>Discussions with the national quality manager, business care manager and CM evidenced awareness of their requirement to notify</p>
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		<p>relevant authorities in relation to essential notifications. There have been no Section 31 notifications required to be completed. Public Health authorities were notified of the norovirus outbreak in 2023.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. The document control system is in place and managed by the national office, and policies have been reviewed and reflect updates to the Ngā Paerewa Services Standard 2021.</p> <p>The CM benchmarks Middlepark Senior Care's quality data. Further to this the national quality manager benchmarks data against other Oceania facilities and industry standards are analysed internally to identify areas for improvement. Staff complete cultural competency and training to ensure a high-quality and culturally safe service is provided for Māori. The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity, through critical analysis of data and organisational practises.</p> <p>The prospective purchaser has established and implemented quality and risk management programmes that they plan to implement at Middlepark Senior Care. It is anticipated this will have minimal impact, as the prospective purchaser has an experienced CM available to support implementation of the quality programme, benchmarking, and analysis. The prospective purchasers policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across at Middlepark Senior Care.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	PA Low	<p>Acuity and clinical staffing ratios are described in a policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The business care manager confirmed at interview staff needs and weekly hours are included in the weekly report provided to the national operations manager . The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the contractual requirements with Health New Zealand – Waitaha Canterbury. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. The RNs and a selection of HCAs hold</p>

		<p>current first aid certificates. There is a first aid trained staff member on duty 24/7. The facility manager and the CM work Monday to Friday 8.30 am- 5 pm and on call support is provided to the RN on shift at weekends by the CM and a senior RN. At least one RN is rostered across morning, afternoon, and night shifts. Vacant shifts are covered by available HCAs, nurses, and bureau staff. The RN performs the CM's role in her absence, and the CM would work in the facility manager's role in her absence.</p> <p>Interviews with staff noted that as occupancy was increasing the workload had changed and as numbers increase the staffing numbers will increase. This was evidenced in a discussion between the business care manager and national quality manager who were reviewing acuity on the day of the audit. The business care manager stated HCA turnover had been stable. Registered nurse recruitment has been difficult over the last 12 months with a number of new RNs in place. The CM and another senior RN provide clinical support after hours and in the weekends. The business care manager provides nonclinical on call support Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. Interviews with residents and families confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>There is an annual education and training schedule implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Health New Zealand - Canterbury, and the Nurse Maude service. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of Te Tiriti o Waitangi and cultural practises relating to Māori. The service shares health information (including Māori) collated with the quality data at facility meetings.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 25 HCAs employed; seven HCAs have achieved level four and eight have a level three NZQA qualification.</p>
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		<p>A competency assessment policy and process is in place and staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to) restraint, moving and handling and back care, hand hygiene, and donning on and off of personal protective clothing. A shortfall was noted that HCAs had not completed all the required competencies. A selection of HCAs have completed medication administration competencies. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies include (but are not limited to) subcutaneous fluids, syringe driver, and interRAI assessment competency. There are six RNs who are interRAI trained (including the CM), the CM has a plan in place to increase this number.</p> <p>All RNs are encouraged to attend in-service training and outbreak preparedness, wound management, pain management, medication and training related to specific conditions. However, not all RNs had completed syringe driver training.</p> <p>Wellbeing support is provided to staff. Staff reported the management team are supportive.</p> <p>The prospective purchaser stated they plan to maintain the clinical and household staff. Training will be provided to all staff with education and training consistent with their established education and training plan.</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>	PA Low	<p>Human resource policies including recruitment, selection, orientation and staff training and development are in place. Eight staff files were reviewed. Job descriptions are in place for all positions and includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. However, not all files reviewed included a signed employment contract; job description; induction documentation relevant to the role the staff member is in. Further to this there are job descriptions for roles which have extra responsibilities and additional functions, such as holding a health and safety portfolio or infection prevention portfolio, these are in signed and on the personal file.</p>

		<p>A register of RN practising certificates are maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration. An appraisal policy in place; however not all staff who had been employed for over one year had an annual appraisal completed.</p> <p>An induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.</p> <p>The service demonstrates that the Induction programme supports RNs and HCAs provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required. Non-clinical staff have a modified orientation, which covers all key requirements of their role. If agency staff are used, the orientation includes health and safety and emergency procedures (clinical and non-clinical). An orientation programme and policy for volunteers is in place. There are currently no volunteers.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. There is wellbeing support available to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is</p>	FA	<p>Clinical records policy and processes are in place. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Oceania business continuity plan in case of information systems failure.</p> <p>Electronic resident management and medication systems are in place.</p>

<p>accurate, sufficient, secure, accessible, and confidential.</p>		<p>Both systems are protected from unauthorised access. The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Residents or staff archived files are securely stored.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. The nurses' station is an area that also has the medications stored there. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Comprehensive policies are in place to guide management around admission and declining processes, including the required documentation. Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The management team screen the prospective residents.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The CM described reasons for declining entry would only occur if the service could not provide the required service the prospective resident required, after considering staffing and the needs of the resident. The other reason would be if there were no beds available.</p> <p>A record of residents who enter and are declined are maintained. The business care manager advised that the facility collects ethnicity data for admitted and declined residents.</p> <p>The service has an information pack relating to the services provided at Middlepark Senior Care, which is available for families/whānau prior to admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. The facility provides a person and whānau-centred approach to services based on the five pillars of wellbeing. Interviews with residents and family/whānau all confirmed they received</p>

		<p>comprehensive and appropriate information and communication, both at entry and on an ongoing basis.</p> <p>The service identifies and implements supports to benefit Māori and whānau. There were residents who identified as Māori. Staff are available to residents and whānau to provide supports as required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Low	<p>Seven resident files were reviewed: four hospital including one resident on an ACC contract and one resident on a respite contract; three rest home including one resident on LTS-CHC contract, and one younger person with a disability (YPD). The RNs are responsible for conducting all assessments and for the development of care plans. There was evidence of resident and whānau involvement in the interRAI assessments and long-term care plans reviewed. This was documented in progress notes and case conference records. The service provides equitable opportunities for all residents and supports Māori and whānau to identify their own pae ora outcomes in their care plan.</p> <p>The individualised long-term care plans are developed with information gathered during the initial assessments and the interRAI assessment. Initial assessments and care plans are completed on admission to the service; however, not all files reviewed evidenced this was completed within required timeframes. Nutritional requirements are completed on admission and discussed with kitchen staff. Cultural assessments for residents, and values, beliefs, and spiritual needs are documented in the care plan. Long-term care plans had been completed for all long-term residents (including residents not on the aged-related residential care contract); however, not all were completed within 21 days of admission. InterRAI assessments and reassessments have been completed; however, not all had been completed within expected timeframes. Outcomes of risk assessments formulate the long-term care plan; however, not all care plans reviewed demonstrated interventions were documented in sufficient detail to guide care staff. Routine care plan evaluations were all completed six-monthly and included progress towards meeting care goals. Short-term care plans were well utilised for issues such as (but not limited to) infections, skin condition, acute change, Covid-19,</p>

		<p>and wounds.</p> <p>A Māori health care plan (called Māori and Pasifika Health Plan) is available and used for those residents identifying as Māori. At the time of the audit there were residents who identified as Māori. The CM who was interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence.</p> <p>All residents had been assessed by the general practitioner (GP) within five working days of admission. The GP service visits routinely at least once a week and provides out of hours cover. The GP (interviewed) commented positively on the quality of nursing assessments and triaging residents with acute needs appropriately. Specialist referrals including physiotherapy are initiated as needed. The physiotherapist visits the service once a week for four hours. Allied health interventions were documented and integrated into care plans. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented. The service has a contracted podiatrist who visits regularly. Specialist services including mental health, dietitian, speech language therapist, wound care and continence specialist nurse are available as required through Health New Zealand – Canterbury.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was observed on the day of audit and found to be comprehensive in nature. Electronic progress notes are written every shift and as necessary by HCAs and at least daily by the RNs for hospital level care residents and at least weekly for rest home level care residents. The RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met and family/whānau members confirmed the same regarding their family/whānau. When a resident's condition changes, the staff alert the RN who then initiates a review with a GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to</p>
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		<p>health status and this was consistently documented on the record.</p> <p>There is an electronic wound register. All wounds reviewed had comprehensive wound assessments, wound management plans with body map, photos (at each wound dressing change) and wound measurements and evidenced wound dressings were being changed appropriately in line with the documented management plan. Wound records reviewed demonstrated progress towards healing in the evaluation section. Input from the wound nurse specialist is accessible when required. On the day of audit, there were 12 residents with 26 wounds. Healthcare assistants and RNs interviewed stated there are adequate clinical supplies and equipment provided, including wound care supplies and pressure injury prevention resources. Incontinence products are available and resident files included a continence assessment, with toileting regimes and continence products identified for day use and night use. Adequate resources were sighted during the audit.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including bowel chart; vital signs; weight; food and fluid chart; blood glucose levels; and behaviour monitoring records. Incident reports reviewed evidenced that neurological observations are completed for unwitnessed falls, or where there is a head injury; however, these were not completed as per policy. Incident reports sighted included appropriate RN follow up and investigation. The CM completes a post fall review daily and a monthly collation and analysis of all falls that occur with residents, and short-term care plans are commenced as required. Fall incidents, analysis, corrective actions, and outcomes are discussed in the clinical meeting) and HCA meetings. Residents are referred to the GP for review after all falls. There is physiotherapy input evident for residents with multiple falls.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	FA	<p>The service employs a diversional therapist who provides a wide range of activities between Monday and Wednesday. An activities coordinator has recently commenced to provide activities Thursday and Friday. Activities assessments are completed within 21 days of admission using the 'about me', leisure, life history and pastoral care assessment forms. These are used to form the basis of the activities care plan. Activities care plans are reviewed at least six-monthly.</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>Progress notes and attendance records are maintained.</p> <p>There are a range of activities appropriate to the resident's cognitive and physical capabilities. Activities include physical, cognitive, creative, and social activities. The weekly activities calendar includes celebratory themes, events, and a wide range of activities that includes (but not limited to): art and craft; bowls; bingo; shopping; church services; and musical activities.</p> <p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of te reo Māori in everyday conversations, dual language signage, movies, arts, and crafts (cloak making), kapa haka from local school children, quizzes, and Māori celebratory events. The service encourages staff to support community initiatives as and when they eventuate, including those that meet the health needs and aspirations of Māori and whānau. This was evident in connections with local churches and schools.</p> <p>Residents who choose not to participate regularly in group activities are visited one-on-one. Community visitors include entertainers, pastoral care, church services visits, school/ preschool children and pet therapy. The service has a van available for once-weekly outings. Themed days such as Matariki, Waitangi, and ANZAC Day are on the programme and celebrated with appropriate resources available.</p> <p>Family/whānau interviewed spoke positively of the activities programme, with feedback and suggestions for activities made via surveys and resident meetings.</p> <p>The prospective purchaser advised they were planning to enhance the activities programme and employ additional staff for this area.</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</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process; however, not all registered nurses have completed syringe driver training (link 2.3.2).</p> <p>Staff were observed to be safely administering medications. The RNs</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>and HCAs interviewed could describe their role regarding medication administration. The service currently uses robotic rolls for regular medication and blister packs for 'as required' and short course medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident's medications are appropriately stored in the facility medication room and locked trolleys. The medication fridge is monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures are checked daily and within acceptable limits. All eyedrops and creams have been dated on opening; however, not all creams had been discarded as per manufacturer's instructions. Over the counter vitamins, supplements or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each chart has photo identification and allergy status identified. There were no residents self-medicating on the days of audit. The appropriate consent, assessment and evaluation forms are available as required. If a resident wishes to self-medicate they are supplied with a lock box for secure storage in locked draws in their rooms. No standing orders are used.</p> <p>There is documented evidence in the electronic clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The RN and CM described working in partnership with Māori whānau to ensure the appropriate support is in place, advice is timely, treatment and services are easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>The prospective purchaser advised they were not planning any changes to the current medication system.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All the meals are cooked on site by a qualified chef and served directly to residents in the dining room or dished and transported to the care suite dining room in hot boxes. The kitchen meets the needs of residents who require special diets. The menu has been approved by a registered dietitian, with the last menu review completed August 2023. The menu is available and distributed to the residents, provides variety, and allows a choice of meals; likes and dislikes are catered for.</p> <p>A resident dietary profile is developed for each resident on admission which identifies dietary requirements, likes, dislikes and any cultural considerations; this is provided to the kitchen and updated as the resident needs change. The kitchen staff work closely with the RNs on duty with resident's dietary profiles and any allergies are made known to all staff serving food. Lip plates and modified utensils are available as required. Supplements are provided to residents with identified weight loss issues.</p> <p>Staff were observed to be wearing correct personal protective clothing (including hats). Cooked food temperatures are recorded and were within safe ranges. Chiller temperatures are taken daily and are all within the accepted ranges. Cleaning schedules are maintained. All foods were date labelled in the pantry and chiller.</p> <p>Resident meetings, and one-to-one interaction with staff in the dining room allows the opportunity for feedback on the meals and food services. The chef (interviewed) also consults directly with residents to gain feedback of the food services and communicates with the organisational dietician for adjustments to the menu if any special requests are required. The chef stated they implement menu options for Māori residents and consult with residents on the food and their choices. The chef and HCA's interviewed understood basic Māori practices in line with tapu and noa. The kitchen provide food for the cultural themed days in line with the theme. Nutritious snacks are available at all times. The kitchen staff are trained in safe food handling. A food control plan is current with expiry of 28 March 2025. Residents and family/whānau members interviewed indicated satisfaction with the food.</p>
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<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. There are documented policies and procedures to ensure transition, discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or family/whānau contact details, latest medication chart, progress notes and last GP notes. The residents (if appropriate) and family/whānau are involved in all transfers and discharges to and from the service, including being given options to access other health and disability services, social support or kaupapa Māori agencies, where indicated or requested.</p> <p>Discharge notes are uploaded into the resident's electronic record and any instructions are integrated into the care plan. The RNs stated a comprehensive handover occurs between services.</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>	FA	<p>The building holds a building warrant of fitness, expiring 1 June 2023. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service had employed a maintenance officer for 25 hours a week; however, this position is currently vacant. An Oceania organisational maintenance support person has provided cover for the last three months while the service continues to recruit the position. There is a contract gardener working approximately 12 hours per week. Maintenance requests are documented in a log at reception and acted upon in a timely manner. This is checked and signed off when repairs have been completed. There is a preventative maintenance plan that includes electrical checks, call bell checks, calibration of medical equipment and monthly testing of hot water. Essential contractors such as plumbers, plasterers, carpenters, and electricians are available 24 hours a day as required.</p> <p>Electrical equipment is checked for compliance, and this has been completed by the Oceania maintenance team in December 2023. Annual checking and calibration of medical equipment, hoists and</p>

		<p>scales was completed in July 2023. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care. The service continues to refurbish care rooms as they become vacant.</p> <p>The facility has one large centrally located dining and lounge area and an additional smaller lounge in the dual-purpose area and a lounge in the care suite area. There is a large activities room located in the care suite area. The dining room is adjacent to the kitchen and caters for all residents. Seating in the lounge area is placed appropriately to allow for groups and individuals to relax or take part in activities. The area is spacious and light and has access to two internal courtyards with outdoor furniture, raised gardens, seating, and shaded areas. There were other small seating areas around the facility for residents to enjoy. The flower gardens and grounds around the facility are well maintained. All indoor and outdoor communal areas are easily accessible to residents (including walkers and wheelchairs).</p> <p>The corridors and bedrooms are carpeted. Vinyl surfaces are in all bathrooms/toilets and the kitchen. There are handrails in all corridors which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. The care suites include a kitchenette and have ceiling hoists available. All resident rooms in the care suite are single use and include full ensembles with toilets and shower. All rooms in the dual-purpose wing have either an individual or shared ensuite. Residents and their families/whānau are encouraged to personalise their bedrooms as sighted. Residents interviewed, confirmed their bedrooms are personalised according to their individual preferences.</p> <p>All showers/toilets have appropriate flooring and handrails.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps in the 21 care suite rooms which can be controlled/monitored by residents and staff. The dual-purpose rooms have either underfloor, ceiling or wall heaters. The hallways and communal area have either underfloor heating and/or heat pumps.</p> <p>The service has no current plans to build or extend; however, should</p>
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		<p>this occur in the future, the service will consult with local Māori to ensure aspirations and Māori identity is included.</p> <p>The prospective purchaser has no plans to change the building and is aware of their obligations to consult with Māori should this be considered in the future.</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>	FA	<p>Emergency management policies, a site-specific emergency disaster plan, and a pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties and responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. There is a minimum of one first aid trained staff member on every shift.</p> <p>The facility has an approved fire evacuation plan. Fire evacuation drills take place every six months, with the last drill occurring on 27 February 2024. A contracted service provides checking of all facility equipment, including fire equipment. Fire training, emergency evacuation and security situations are part of orientation of new staff and ongoing training.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. There are electronic monitors in the hallways that indicate where the call bell ringing is located. Residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. Information around what to do in an emergency and security is included in the resident's admission pack.</p> <p>Two civil defence kits are checked a minimum of annually, with one kit stored in the outdoor shed and the other kit stored at the nursing station. There is sufficient water stored for three litres per day, for three days per resident, with 20 litres stored in each resident room and additional stores (5000 litres) in the ceiling space. There are alternative cooking facilities available with a gas barbeque.</p> <p>The facility is secured at night with external exits locked by staff at dusk. There are alarms on all five access doors. There is external</p>

		<p>security lighting installed around the facility and within the carpark area.</p> <p>All visitors and contractors must sign in. Contractors' complete orientation specific to the site's health and safety requirements.</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>	FA	<p>The Infection Prevention and Antimicrobial Stewardship Programme is supported at the executive (governance) level. The programme has been reviewed on an annual basis. The 2022 quality plan and strategic plan includes references to infection prevention control. The infection control coordinator (CM) described accessing Health New Zealand - Canterbury infection control specialist teams who provide local /regional support and advice as and when needed.</p> <p>The CM collects infection data monthly on infection rates and presents these to staff meetings. Data was being benchmarked monthly and feedback/graphs provided to staff as part of their quality programme. This information is included in the national business planning process and strategies.</p> <p>The infection control coordinator reports to the quality meeting at the monthly meetings and this information is reported through to the national infection control group and to the board.</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>	FA	<p>The CM is the infection control coordinator overseeing the implementation of the infection control programme. There is a signed job description. As part of this role the infection control coordinator has completed internal training around infection control and anti-microbial stewardship.</p> <p>A suite of infection control policies and procedures are available to staff including (but not limited to), outbreak management, staff vaccination policy, usage of personal protective equipment, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved at organisational level. The infection control policies have been updated and reflect the spirit of Te Tiriti o Waitangi. The organisation has approved the infection control</p>

		<p>programme. A comprehensive organisational pandemic plan in place.</p> <p>Support and physical and learning resources are made available through Health New Zealand - Canterbury when required. Personal protective equipment is available, and a comprehensive stock balance is maintained to support any outbreak.</p> <p>Training is part of orientation and ongoing training is led by the infection control coordinator. Input into clinical procedures policy documents is sought from the infection control team. Staff provide feedback on new and updated policies/procedures.</p> <p>Policies include single use items which is implemented. Cleaning procedures are in place around sharing medical devices such as sphygmomanometers. Internal audits are completed, and corrective actions are implemented and signed off when completed. The infection control coordinator makes recommendations to the business care manager regarding equipment and consumables required for the service.</p> <p>Educational resources in te reo Māori can be accessed online if needed. The infection control coordinator is able to consult with the cultural committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti o Waitangi. All staff are required to complete infection control education and are trained in cultural safety (link 2.3.2). Staff interviewed provided examples of adhering to culturally safe practices around infection control in relation to their roles. The quality and roving managers interviewed described infection control input would be required in any environmental upgrades to the facility.</p> <p>The prospective purchaser will implement their established comprehensive infection control programme and antimicrobial programme which is linked to their electronic quality system at Middlepark Senior Care.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to</p>	FA	<p>The antimicrobial stewardship programme is documented in the antimicrobial policy. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are</p>

<p>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>monitored monthly, collated nationally and the information reported to the staff meetings. The infection control coordinator monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, resident infection summary forms and medical notes. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</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>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Internal benchmarking takes place by surveillance of all infections (including organisms) and is entered into a monthly infection summary. This data is monitored and analysed for trends, monthly, quarterly, and annually. Ethnicity data is included in infection data. The quality manager performs benchmarking across the service and reports to the board and clinical committee. Infection control surveillance is discussed at staff and quality meetings. A review of resident records includes communication and reporting of infections and treatment. There have been no outbreaks since the last audit in September 2023.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. There has been one norovirus outbreak since the previous audit, which was well managed and reported appropriately.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	FA	<p>The facility implements Oceania's waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice</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>room. There is a sluice room with appropriate PPE, a sanitiser and adequate bench space. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Observation confirmed that PPE was used in high-risk areas. Staff receive training and education in waste management, chemical safety, and infection control as a component of the mandatory training.</p> <p>There are designated laundry and cleaning staff seven days a week. Personal clothing is laundered on site; the sheets and towels are sent to an external contractor. The laundry operates seven days a week. There is a dirty to clean workflow in the laundry.</p> <p>There are housekeepers across seven days a week. There are locked cleaners' cupboards. Chemical bottles are labelled with manufacturer labels and are refilled using a chemical dispensing unit. Residents and family/whānau interviewed reported satisfaction with the cleaning and laundry service. Internal audits monitor the effectiveness of the cleaning and laundry processes which is reviewed by the infection control coordinator. The chemical provider monitors the effectiveness of chemicals and laundry procedures.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint policy and strategic plan confirms that Middlepark Senior Care is committed to maintaining a restraint free environment. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident, while using the least restrictive practice. At all times when restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. The restraint coordinator is a RN and has had external training. The restraint coordinator was unavailable on the days of audit and the CM was interviewed. The CM described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance body includes data gathered and analysed monthly that supports the ongoing safety of residents and staff. A review of the documentation available for residents potentially requiring restraint, included processes and resources for</p>

		<p>assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (if competent), GP, restraint coordinator, physiotherapist and family/whānau approval.</p> <p>At the time of the audit, there was no restraints in use at Middlepark Senior Care. The use of restraint is monitored in the monthly staff, quality, and clinical meetings. Restraint minimisation training is included as part of the annual mandatory training plan (link 2.3.2) and induction booklet.</p> <p>Middlepark Senior Care completes audits related to restraints, with the last completed in August 2023. Restraint is a standard agenda item in the clinical/quality and staff meetings.</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 2.3.2</p> <p>Service providers shall ensure their health care and support workers have the skills, attitudes, qualifications, experience, and attributes for the services being delivered.</p>	PA Low	<p>A comprehensive education programme in place with a range of competencies for both HCAs and RNs to complete. Oceania has a mandatory study day which covers the mandatory annual requirements including infection prevention and control, abuse and neglect, culture and informed consent, the study day has not been run for this year. Further to the training programme there are a range of annual competencies for staff to complete including hand hygiene, donning, and doffing, medication competency, wound management.</p>	<p>i). There was no evidence of training for mandatory requirements as the Oceania study day has yet to be run. This means that topics including (but not limited to) infection prevention and control, abuse and neglect, culture and informed consent, syringe driver for the RNs have not been completed as per the training schedule.</p> <p>ii). Competencies associated with training including infection prevention and control, culture and informed consent, syringe driver for the RNs have not been completed as per the training schedule.</p>	<p>i). – ii). Ensure training and competencies are completed as per the training schedule.</p> <p>90 days</p>

<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	An induction programme provides new staff with relevant information for safe work practice. The service has a role-specific induction programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed.	In two of the eight files reviewed there was no evidence of a completed induction programme.	<p>Ensure an induction process is completed and signed off for each staff member.</p> <p>90 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	Oceania has planned reviews of all staff performance and a schedule is in place for this; however, not all appraisals have been held according to schedule.	In the files of the eight staff reviewed, five staff had been in their role for more than one year and did not have a current performance appraisal.	<p>Ensure performance appraisals are completed for all staff.</p> <p>90 days</p>
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Moderate	All assessments and care plans are documented by a registered nurse in partnership with the resident and family/whānau. All residents had an initial assessment and care plan documented. all residents had long term care plans developed; however not all of these documents were completed within expected timeframes. The service was aware of documentation delays and a corrective action plan had been documented and reviewed at the time of audit with confirmation of good progress.	<p>i). An initial assessment and care plan were not completed within required time frames for one rest home resident.</p> <p>ii). Initial InterRAI assessments were not completed within required timeframes for as scheduled for three of five residents where reviews were required over the previous year (two residents did not require an interRAI assessment).</p> <p>iii). Long term care plans were not completed within required timeframes for one hospital and two rest home residents.</p> <p>iv). Six-monthly evaluations were not completed within required timeframes for three of five files</p>	<p>i). – iv). Ensure assessments, care plans and evaluations are completed within required timeframes.</p> <p>60 days</p>

			where reviews were required.	
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(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;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to 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</p>	PA Low	<p>The RNs are responsible for the development of the support plan on the electronic resident management system. Assessment tools were completed to identify key risk areas. The RNs interviewed understand their responsibility in relation to care planning. There are comprehensive policies in place related to assessment and support planning; however, not all resident care plans provided sufficient information related to interventions to demonstrate compliance.</p> <p>Healthcare assistants are knowledgeable about the care needs of the residents and the residents interviewed were complimentary of the care provided. The findings related to care planning relate to documentation only.</p>	<p>i). One hospital file did not have any interventions related to an assessed risk of pressure injury.</p> <p>ii). One hospital resident with a partner living in the next-door room did not identify the relationship.</p> <p>iii). One hospital resident did not have detailed interventions related to skin and falls risk management.</p>	<p>i). – iii). Ensure long-term care plan documentation reflects detailed interventions to manage and guide the care of the resident.</p> <p>90 days</p>

identifies wider service integration as required.				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. A range of monitoring charts are available for HCAs to utilise. Monthly observations such as weight and blood pressure were completed and are up to date; however, not all resident records reviewed provided evidence of monitoring records being completed as per policy or care plan instructions.</p>	<p>(i). Twelve of twelve neurological observations were not completed as per policy.</p> <p>(ii). Two hourly intentional rounding was not implemented as per care plan instructions.</p>	<p>(i). – (ii). Ensure monitoring records are completed as per care plan and policy requirements.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Low	<p>Registered nurses and medication competent HCAs are responsible for all aspects of medication storage and administration. Systems are in place to ensure staff competency and safe storage is monitored by regular checks and internal audits. However,</p>	<p>One cream in the medication trolley in current use, and four creams in stock were past the manufacturer's guidelines.</p>	<p>Ensure all creams are within the manufacturers guidelines.</p>

		not all dates of items in current use reflected required standards		60 days
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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, these 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.