

Oceania Care Company Limited - Gracelands Rest Home and Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Gracelands Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 May 2024 End date: 22 May 2024
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	84

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Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Gracelands Rest Home and Hospital is certified to provide rest home and hospital services for up to 88 residents. The service is owned and operated by Oceania Healthcare Limited.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts held with Te Whatu Ora – Health New Zealand. It included a pre-audit review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a governance representative, staff, and a general practitioner. The facility is managed by an experienced business and care manager supported by an experienced clinical services manager who has clinical oversight of the facility. Residents and whānau were complimentary about the care provided.

Improvements identified during the audit relate to the completion of neurological assessments following resident falls.

Ō tātou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service are fully attained.
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Gracelands Rest Home and Hospital provided an environment that supported residents’ rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination) and this was confirmed by Māori residents and staff interviewed. There were Pasifika residents and staff in the service at the time of the audit. Systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers’ Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their whānau. There was evidence that residents and their whānau were kept well informed.

Residents and their whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

Complaints were resolved promptly and effectively in collaboration with all parties involved. There were two complaints open at the time of audit, one internal and one (historic) through the Office of the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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Oceania Healthcare, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Gracelands Home and Hospital. Consultation with Māori is occurring at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori, Pasifika, and tāngata whaikaha (people with disabilities).

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

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

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

Residents' and staff information was accurately recorded, securely stored, and not accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.
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When residents were admitted to Gracelands Home and Hospital a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

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

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service are fully attained.

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

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Emergency supplies were adequate for the region. Residents reported a timely staff response to call bells. Security was maintained.

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

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

Subsections applicable to this service are fully attained.

The clinical manager and the infection control coordinator at Gracelands Home and Hospital ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and

complexity of the service. It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Gracelands Home and Hospital had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process, with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of the restraint process, including providing least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	1	0	0
Criteria	0	167	0	0	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 Healthcare Limited (Oceania) has a policy on Māori and Pacific people's health and a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health's Whakamaua Māori Health Action Plan 2020-2025.</p> <p>A Māori health care plan has been developed with input from cultural advisers and this can be used at Gracelands Rest Home and Hospital (Gracelands) for residents who identify as Māori. Residents participate in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were Māori residents present in the facility during the audit. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) is respected.</p> <p>The service supports increasing capacity for Māori within the service by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is</p>

		<p>analysed at a management and organisational level. There were staff who identified as Māori employed by the service at the time of audit.</p> <p>The service has links for Māori health support through Te Whatu Ora Te Wāhanga Hauora Māori (local Māori health services) and through Ngāti Kahungunu (local iwi) kaumātua. Access to health, social and traditional healing services is also available through Te Kōhao Health.</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>The service provider has a policy on Māori and Pacific people's health. This describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs; it is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020 and outlines the fonofale model of care to guide care for Pacific peoples.</p> <p>There were residents who identified as Pasifika in the facility on the days of audit. Interviews with residents and their whānau confirmed that services were being delivered in a culturally appropriate way. Gracelands can access support for Pasifika residents in their service through residents' whānau, staff or local churches in the area. Also in the region are the Kainga Pasifika Services (a charitable trust which promotes health and wellbeing for Pasifika people in Hawke's Bay) who can assist as required.</p> <p>The service has a policy in place to support increasing Pasifika service capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Pasifika in the service at the time of audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) was displayed on posters in English, te reo Māori, and New Zealand Sign Language (NZSL) around the facility, with brochures in both languages and large print available at reception. A poster on the</p>

<p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Nationwide Health and Disability Advocacy Service was displayed in the reception area. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the Code and were seen supporting residents in the service in accordance with their wishes. Gracelands recognised mana motuhake for all residents. Interviews with two whānau, who visited regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>Gracelands had a range of cultural diversities in its staff mix, and staff can assist if interpreter assistance is required. The service also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with Māori and Pasifika organisations for the support of Māori and Pasifika residents in the service. There were Māori and Pasifika staff employed in the service.</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>Gracelands supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their whānau, including tāngata whaikaha, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Gracelands were educated in Te Tiriti o Waitangi and cultural safety. The staff could speak and learn te reo Māori, with the assistance of staff members and residents who identified as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the residents' cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advanced care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit. A physiotherapy programme was in place for tāngata whaikaha to assist them in improving or retaining mobility.</p> <p>Staff were observed to maintain residents' privacy throughout the</p>

		audit. All residents had a private room. Gracelands responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion, communication and informed consent was included in training for the support of tāngata whaikaha.
<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>Employment practices at Gracelands included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional and systemic racism, and there was a willingness to address racism and do something about it. Residents reported that their property was respected, and finances protected. Professional boundaries were maintained.</p> <p>A holistic model of health at Gracelands was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Thirteen (13) residents and seven whānau interviewed expressed overall satisfaction with the services provided. Mention was made by two whānau that the facility was 'short staffed' at times, and bells not answered in a timely manner. Interview with other residents, whānau, the clinical manager (CM), staff, and a review of rosters and bell response times did not provide evidence to support this comment.</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>	FA	<p>Residents and their whānau at Gracelands reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. Interpreter services were available if needed, and staff knew how to</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>		<p>access these services if required. Resident and whānau meetings at Gracelands were held regularly in addition to regular contacts with whānau by email, telephone calls, the 'open door' policy of the Business and Care Manager (BCM) and the CM. A notification on the notice boards advised when the resident and whānau meeting will be held next.</p> <p>Evidence was sighted of residents communicating with all staff, including the BCM and the CM. Residents, whānau and staff reported the BCM and CM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their whānau in a timely manner. Incident reports evidenced whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with Enduring Power of Attorney (EPOA) or whānau. Evidence was sighted of referrals and involvement of other agencies involved in the residents' care when needed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Gracelands and/or their legal representatives were provided with the information necessary to make informed decisions. At interview, they confirmed that they felt empowered to actively participate in decision-making relevant to their care and support. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Staff who identified as Māori assisted other staff to support cultural practice. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p>

<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available in English and te reo Māori. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been 16 complaints in the last 12 months. All complaints, formal and informal, are managed as per the Oceania complaints process. Documentation sighted in respect of the complaints showed that, with the exception of a recent complaint (which was still in the process of being investigated), all complaints had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation. There have been no complaints from Māori in the service but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., through the use of culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There was one open complaint received via the Health and Disability Commissioner (HDC) from 6 July 2021. Gracelands provided information to the HDC as requested, within the timeframe requested. At the time of audit this complaint remained open and was awaiting a response from the HDC. There have been no further complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and</p>	FA	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania utilises an external consultancy to assist the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Board members have completed cultural training and have taken opportunities to upskill in Te Tiriti o Waitangi and health equity via the Institute of Directors, other community roles and/or employment.</p>

<p>sensitive to the cultural diversity of communities we serve.</p>	<p>Oceania has a legal team who monitor changes to legislative and clinical requirements and have access to domestic and international legal advice.</p> <p>Information garnered from these sources translates into policy and procedure. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code, complaints and infection prevention and control, and bilingual signage). Oceania promotes appropriate models of care specific to residents' cultural needs, including for Māori and Pasifika.</p> <p>Oceania has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan supports the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. The Oceania reporting structure relies on information from its strategic plan to inform facility-based business plans. A local facility business plan supports the goals for Gracelands. Cultural safety is embedded in business and quality plans and in staff training. Ethnicity data is being collected to support equity.</p> <p>Governance and the senior leadership team is committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of its care facilities. The clinical governance group is appropriate to the size and complexity of the organisation. Monthly governance group meetings are led by the group general manager, and the care services/clinical director who also provides clinical and quality dashboard reports to the board. Internal data collection (e.g., adverse events, infection control, and complaints) are aggregated and corrective action (at facility and organisation level as applicable) actioned. Changes are made to business and/or the strategic plans as required.</p> <p>The BCM at Gracelands has a Master of Business Administration (MBA) degree and aged-care experience. The BCM is supported by a CM who is a registered nurse (RN) and has had significant aged care experience. The BCM and CM confirmed knowledge of the sector, regulatory and reporting requirements and both maintain currency within the field.</p>
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		<p>Gracelands supports residents and their whānau to participate in the service through ongoing communication, care and support planning, resident meetings, and an annual resident satisfaction survey. Responses from meetings and surveys, and through interviews with residents and their whānau during the audit, were noted to be very positive.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand for rest home, hospital, long term support - chronic health conditions (LTS-CHC) and respite services under the age-related residential care (ARRC) contract. The service also holds contracts to deliver services under contract with Whaikaha (residential disability services) and the Accident Compensation Corporation (ACC). During the audit 84 residents were receiving services: 45 at rest home level, 37 at hospital level, one under the LTS-CHC contract and one under the Whaikaha contract. There were no residents receiving services under the respite or ACC contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Graceland uses Oceania's range of documents that contribute to quality and risk management and reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, clinical governance terms of reference, quality improvement policy, health and safety strategy 2022-2025, critical incident/accident/sentinel event policy and the quality cycle. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at national level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at interview.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, including at Gracelands, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM described the processes for the identification,</p>

		<p>documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. Where mitigation strategies are identified, there are processes in place to ensure these are corrected. Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The exception to this was in relation to the completion of neurological observations post unwitnessed fall or witnessed 'head knock' for all residents (refer criterion 3.2.4).</p> <p>The BCM and CM understood and have complied with essential notification reporting requirements. They were aware of new reporting requirement to the Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 (falls resulting in death) and SAC2 (falls resulting in fracture) as well as pressure injury at stage 3 and above. There have been 21 section 31 notifications since the last audit. One related to the change of BCM and two were for pressure injury. The rest (18) have been in relation to RN shortages between 12 June 2023 and 9 October 2023. Shortages of RNs has now eased for the service and, while there were shortages of RNs in the service during this time, RN cover was maintained in the service twenty-four hours per day, seven days per week (24/7). All section 31 notifications have been acknowledged by Manatū Hauora.</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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Staff interviewed reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and</p>

		<p>control (IPC) or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessment programme. Care staff have free access to a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora.</p> <p>The collecting and sharing of high-quality Māori health information across the service is through policy and procedure, appropriate care planning using relevant models of care, resident and whānau engagement, and through staff competency assessment and education.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support, along with a weekly physiotherapist service to assist staff with any work-related injury.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Police vetting and reference checking is in place.</p> <p>Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Job descriptions for all roles are in place, including for the infection control coordinator (ICC) and the restraint coordinator (RC). The job descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>A sample of staff records reviewed (10) showed that orientation was being completed and documented. Staff interviewed confirmed that orientation does take place, and staff described it as useful in preparing them for their role.</p> <p>Files sampled evidenced that performance appraisals were being</p>

		<p>undertaken as required. Staff described the process as useful for them, allowing them to set their own career and education goals.</p> <p>There are staff wellbeing policies and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Information held about staff is accurate, relevant, secure, stored, and archived confidentially. Electronic data is username and password protected. Information is available only to those authorised to use it. Ethnicity data is being recorded for staff and used in accordance with Health Information Standards Organisation (HISO) requirements.</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 accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Gracelands maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most resident and staff information were held electronically, and was username and password protected. Residents' files were integrated electronic and hard copy files. Access was limited dependent on the role of the person in the service. Any paper-based records were held securely and only available to authorised users. Data collected included ethnicity data for residents and staff.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consent was sighted for data collection.</p> <p>Files for residents and staff were being held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>Gracelands are not responsible for the National Health Index registration of people receiving services.</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</p>	FA	<p>Residents were welcomed into Gracelands when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care Gracelands provides, and when they had chosen Gracelands to</p>

<p>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>provide the services they require.</p> <p>Residents and whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Gracelands collected ethnicity data on entry and decline rates; this included specific data for entry and decline rates for Māori. Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and their whānau.</p> <p>Gracelands had developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations. When admitted, residents had a choice over who will oversee their medical requirements. Whilst most chose the main medical provider to Gracelands, residents were enabled to request another provider to manage their medical needs if desired.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at Gracelands worked in partnership with the residents and their whānau to support the residents' wellbeing. Thirteen residents' files were reviewed, six hospital files, and seven rest home files. Files included residents receiving care under a Whaikaha (residential disability) contract, residents receiving care under a LTS-CHC contract, residents who had experienced an acute event requiring transfer to an acute facility, residents with a pressure injury, residents at risk of pressure injury, residents with behaviours that challenged, residents with compromised mobility, residents who identified as Māori or Pasifika, and residents with several co-morbidities.</p> <p>Files reviewed verified that a RN develops a plan for the care the resident requires following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments were based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) input, initial care plan,</p>

		<p>long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Policies and processes were in place to ensure tāngata whaikaha and whānau participate in Graceland's service development, deliver services that give choice and control, and remove barriers that prevent access to information.</p> <p>An area requiring attention was identified around the assessment of residents who had experienced falls that were unwitnessed or included a 'blow to the head'. Consistent neurological assessment was not evidenced to have occurred following these incidents (refer criterion 3.2.4).</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including tāngata whaikaha.</p> <p>Interviews with five whānau of other residents expressed satisfaction with the care provided at Gracelands. The residents and their whānau were actively involved in planning the resident's care and any ongoing discussions. Whānau of residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to residents' needs.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care residents require, including the cultural aspects of the care required for Māori residents. An interview with the GP expressed satisfaction with the care provided by the staff at Gracelands. The GP offered services 24/7 and was committed to ensuring that where possible, residents with the support of whānau, were cared for at Gracelands rather than being transferred to the local</p>
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		<p>hospital. The GP was complimentary of the palliative services offered by Gracelands. Registered nurses at Gracelands were supported by the GP to provide the necessary assessment data required via text or email to enable the GP to make informed medical decisions. The GP visited three times a week or as needed.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The activities coordinator (AC) and activity assistant (AA) at Gracelands provided an activities programme that supported residents in maintaining and developing their interests, tailored to their ages and stages of life, six days a week. The younger residents (under 65 years of age) were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori were facilitated.</p> <p>The activities staff arranged frequent participation by local community organisations and weekly outings in the facility's van. Entertainers, school and church groups visit when COVID-19 restrictions permit.</p> <p>Satisfaction surveys and resident meeting minutes evidenced residents and their whānau were satisfied with the activities provided at Gracelands.</p> <p>Documentation sighted showed that residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they had input into the programme and that the programme met their needs.</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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the day of the audit. All staff who administer medicines had been assessed as competent to perform the function they manage;</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>competencies had been checked annually. There was a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medicine reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>There were no difficulties identified by young people interviewed, in accessing their required medicines from the facility.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Gracelands.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Gracelands was in line with recognised nutritional guidelines for older people. A qualified dietitian reviewed the menu on 2 April 2023. Recommendations made at that time had been implemented.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Gracelands on 23 August 2023. Two recommendations were identified and addressed, and the plan was verified for 18 months. The plan is due for re-audit on 23 February 2025.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preference, any special diets, and modified texture requirements were accommodated in the daily meal</p>

		<p>plan. All residents had opportunities to request meals of their choice and the kitchen would address this, including foods relevant to te ao Māori.</p> <p>Interviews, observations, and documentation verified residents were generally satisfied with the meals provided. Some areas of dissatisfaction with meals had been identified in the resident satisfaction survey, and by two resident interviews on the days of audit. A corrective action plan had been put in place to address this. Resident and whānau meeting minutes, or a food service feedback form in the dining room did not evidence any dissatisfaction with meals. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days. The kitchen manager attends resident meetings to receive any feedback residents choose to give.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from Gracelands occurred very rarely. When it did occur, it was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Residents and whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, maintained, and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible. Corridors are wide and have handrails promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs and residents were observed to be safely using</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>these. Spaces are culturally inclusive and suited the needs of the resident groups, including younger people. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use.</p> <p>Rooms for residents requiring hospital level care allowed space for the use of moving and handling equipment. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. The facility is heated through electric heating, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells. There are external areas within the facility for leisure activities with appropriate seating and shade.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits. Tempering valves are in place to address any hot water variances.</p> <p>The building has a warrant of fitness which expires on 17 January 2025. There were no plans for further building projects requiring consultation, but Oceania directors and the management team at Gracelands were aware of the requirement to consult and co-design with Māori if this was envisaged.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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>FA</p>	<p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained in fire and emergency management and knew</p>

<p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>what to do in an emergency.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 22 October 1997. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A fire evacuation drill is held six-monthly; the most recent drill was on 8 December 2023.</p> <p>Supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. The facility has a small generator onsite which can be used following a civil defence emergency. The facility also has a Memorandum of Understanding (MoU) with a local generator supplier to provide a bigger generator following a civil defence emergency; however, when the supply of the generator was requested following Cyclone Gabrielle in February 2023, Civil Defence Management for the area commandeered the generator for use elsewhere. Power was restored within three days due to the facility being on the same grid as the local public hospital. The MoU remains in place for any future events. Following the Cyclone Gabrielle event, the service, in consultation with Te Whatu Ora reviewed its civil defence response capability; the new scheme was signed off by Te Whatu Ora in May 2023.</p> <p>All RNs (except a new RN who is booked to do a first aid course and does not work in the facility without the support of at least one other RN) and 19 other staff have current first aid certification and there was a first aid certified staff member on duty 24/7 on the rosters sighted. Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. Closed-circuit television (CCTV) cameras are in use externally to the facility with warning signs of their use in place. All staff were noted to be wearing uniforms and name badges during the audit.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff were responsive to call bells. Call bell response times are monitored.</p>
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<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 (IP) and antimicrobial stewardship (AMS) programmes were appropriate to the size and complexity of the service, had been approved by the governing body, were linked to the quality improvement system, and were being reviewed and reported on yearly. Gracelands has IP and AMS outlined in its policy documents. Data collected includes ethnicity data and this is analysed at facility and national level. Infection prevention and AMS activities are supported at governance level through clinically competent specialist personnel who make sure that IP and AMS are being appropriately managed at the facility level and to support facilities as required. Expertise and advice are sought as required following a defined process and include escalation of significant events. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, and reported to the board at board meetings.</p>
<p>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 infection control coordinator (ICC) at Gracelands was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the BCM and CM. The ICC had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care delivery, facility changes, and policies. Specific education had been completed in 2023 and 2024. The IC and AMS policies and procedures reflected the requirements of the Standard.</p> <p>Cultural advice at Gracelands could be accessed through the staff who identified as Māori, the organisation's cultural advisor, and local kaupapa Māori services. Staff were familiar with policies and procedures through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and speak te reo Māori can provide infection advice in te reo Māori if needed for Māori accessing services. External te reo Māori interpreter support is available should this be required.</p>

		<p>Educational resources are available in te reo Māori and were accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been assessed. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in PPE use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Gracelands had a documented AMS programme in place that is committed to promoting the responsible use of antimicrobials. The AMS programme has been developed using the evidence-based expertise and has been approved by the governing body. Policies and procedures were in place which complied with evidence-informed practice. The effectiveness of the AMS programme had been evaluated by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</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>Gracelands undertook surveillance of infections appropriate to those recommended for long-term care facilities and this was in line with priorities defined in the IC programme. Gracelands used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management/governing body and shared with staff. Surveillance data includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their whānau, and these were documented.</p>

<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Gracelands. Suitable PPE was provided to those managing contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and sterilising hand gel were available throughout the facility. Staff were observed to follow documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered off-site, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry and chemicals were stored. A clear separation for the handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency and materials to be used in cleaning processes. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving</p>	FA	<p>Gracelands is a restraint-free environment. The facility has been restraint-free since 2018, with the exception of a one-week period in</p>

<p>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>February 2023 for one resident (since deceased). Records from this time indicated that restraint was applied in line with policy and procedure requirements. The requirement for restraint was assessed and consented and was discontinued prior to any reassessment being required. The resident's GP and whānau were involved in the process.</p> <p>The CM, who acts as the restraint coordinator (RC), described the focus on maintaining a restraint-free environment and has completed education (in 2023 and 2024) relevant to the role. Restraint processes were understood by staff interviewed, who also described their commitment to maintaining a restraint-free environment. There were no residents using restraint sighted during the audit.</p> <p>Policies and procedures meet the requirements of the Standard and have been approved by the governing body. The restraint coordinator (RC) is a defined role to provide support and oversight of restraint should restraint be required in the future. There is a job description in place that outlines the role. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the orientation programme and then through ongoing education and annual competency assessments. Restraint is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of restraints should this be required in the future; there are clear lines of accountability. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or whānau as part of the decision-making process.</p> <p>A restraint register is maintained on the electronic resident management system; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>Given no restraint is being in the facility, subsections 6.2 and 6.3 are</p>
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		not applicable and have not been audited.
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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 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</p>	<p>PA</p> <p>Moderate</p>	<p>Files reviewed evidenced the services provided was consistent with meeting the residents assessed needs. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different from that expected, changes were made to the care provided in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process, including tāngata whaikaha.</p> <p>A review of seven falls incidents of residents who had experienced an unwitnessed fall or a fall that involved a blow to the head, identified six of these</p>	<p>The needs and risk assessments of residents following an unwitnessed fall or a fall that involved a blow to the head were not evidenced to be consistently assessed in accordance with the Oceania policy and procedure and/or best practice guidelines.</p>	<p>Provide evidence the needs and risk assessments of residents following an unwitnessed fall or a fall that involved a blow to the head are being consistently monitored.</p> <p>30 days</p>

services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.		had no consistent neurological assessments completed consistent with best practice guidelines. One of these residents had extensive bruising to the head post-fall. The progress notes recorded evidence consistent with those of a head injury; however, no neurological observations were initiated. The GP was kept informed re: changes to blood pressure recordings. The family was informed and visited. The GP visited the next day. Five (from six) of the other residents who had unwitnessed falls had no consistency in the neurological assessments being undertaken in a timely manner.		
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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.