

Oceania Care Company Limited - Woodlands Rest Home and Village

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: Woodlands Rest Home and Village

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

Dates of audit: Start date: 24 June 2024 End date: 25 June 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: 52

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
Yellow	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
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this are service unattained and of moderate or high risk

General overview of the audit

Woodlands Rest Home and Hospital is part of Oceania Healthcare Limited. The facility is certified to provide services for up to 57 residents requiring rest home or hospital levels of care. The business care manager has been in the role for five years. Support is provided by the clinical manager who has been in the role for four months and has previous aged care experience. There were 52 residents in the facility on the first day of the audit.

This certification audit process was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Te Whatu Ora – Health New Zealand Nelson Marlborough (Te Whatu Ora Nelson Marlborough). It included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents and family/whānau, governance representatives, staff, physiotherapist, a nurse practitioner and a general practitioner.

Staff were observed to engage with residents in a culturally safe way.

No areas were identified requiring a corrective action.

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.

Oceania has a Māori and Pacific peoples' health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Woodlands Rest Home and Hospital (Woodlands) works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake. Residents and family/whānau interviewed reported they felt culturally safe. Principles of mana motuhake practice were shown in service delivery.

The service provider is aware of the requirement to recruit and retain Māori and Pasifika in its workforce, and the requirement to do this is embedded in policy. Oceania actively recruits Māori and Pasifika into its service where it is able.

Residents and family/whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives participate in decision-making that complies with the law. Advance directives are followed whenever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

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.
---	--	--

Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Woodlands. Consultation with Māori is occurring at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Strategic and business planning ensures the purpose, values, direction, scope and goals for the organisation and of the facility are defined. 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.

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and family provide regular feedback, and staff engage in quality activities. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. 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 internally and to other Oceania facilities nationwide.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service are fully attained.

The entry to service process is efficiently managed. There is an electronic system for entry to services. Residents are assessed before entry to the service to confirm their level of care.

When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. The registered nurses (RNs) are responsible for the assessment, development and evaluation of care plans. Care plans are individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care meets the needs of residents and family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents, their family/whānau, and with staff. Residents and family/whānau expressed satisfaction with the activities programme in place.

There is a medicine management system in place. Medicines are safely managed and administered by staff who are competent to do so. The organisation uses an electronic system in prescribing, dispensing, and administration of medications. The nurse practitioner (NP) or the resident's general practitioner (GP) is responsible for all medication reviews. There are policies and procedures that describe medication management that align with accepted guidelines.

The food service meets the nutritional needs of the residents, with special cultural needs catered for, including foods relevant to te ao Māori. Food was safely managed. Residents verified satisfaction with meals.

Residents are referred or transferred to other health services as required.

Te aro ki te tangata me te taiao haumaruru | 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 well maintained. There is a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas are accessible and safe and meet the needs of people with disabilities, and external areas have shade and seating provided.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and family understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is 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 governance team oversees implementation of the infection prevention and control programme, which is linked to the quality management system. Annual reviews of the programme are reported to the governance board, as are any significant infection events.

The implemented infection prevention (IP) programme and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service. It is adequately resourced. The infection control coordinator is a registered nurse who participates in procurement processes, any facility changes, and processes related to decontamination of reusable devices.

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 is undertaken, with follow-up action taken as required and results shared with staff.

The environment supports both prevention and mitigation of transmission of infections. Waste and hazardous substances are well managed. There are safe and effective cleaning and laundry services.

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.
---	--	--

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraint at the time of audit. A comprehensive assessment, approval and monitoring process, with regular reviews, is in place should restraint use be required in the future. A suitably qualified restraint coordinator leads the process.

Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

The following table contains the results of all the subsections assessed by the auditors at this audit. Depending on the services they provide, not all subsections are relevant to all providers and not all subsections are assessed at every audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</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>	<p>FA</p>	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific peoples' 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. The policy and plan address tino rangatiratanga, equity, partnership, Te Whare Tapa Whā model of health, tikanga, and use of te reo Māori in its facilities. A culturally competent services policy has a section on supporting residents who identify as Māori and reiterates aspects of the Māori and Pacific peoples' health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>A Māori health care plan has been developed with input from cultural advisers (Ngāti Hine – Ngāpuhi) and this can be used at Woodlands for any residents who identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. There were residents and staff who identified as Māori present during the audit. Family/whānau who were interviewed, were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake is respected.</p>

		<p>The service supports increasing Māori capacity by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Staff confirmed they have attended cultural training.</p> <p>The service has links for Māori health support through Te Whatu Ora Nelson Marlborough and through Te Awhina Marae, and the local Māori health provider, Te Piki Oranga. A local Māori chaplain assists Woodlands when needed and blesses the residents' rooms. A staff member employed at Woodlands identified as Māori and performed a karakia at the opening and closing of the audit.</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 peoples' 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. There were no residents who identified as Pasifika in the facility on the days of audit.</p> <p>Interviews with residents and their family/whānau confirmed that services were being delivered in a culturally appropriate way. Woodlands can access support should there be any Pasifika residents in their service through local churches in the area. The Nelson Tasman Pasifika Community Trust is accessible if 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 no staff who identified as Pasifika in the service at the time of audit.</p>
Subsection 1.3: My rights during service delivery	FA	The Code of Health and Disability Services Consumers' Rights (the Code) was displayed in Māori and English posters around the facility,

<p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>with brochures in both languages available at reception. A poster on the Nationwide Health and Disability Advocacy Service was displayed in the reception area, in large print. 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 the availability of the advocacy service and were seen supporting residents of Woodlands in accordance with their wishes. Interviews with four family members, who visit regularly, confirmed staff were seen to be respectful and considerate of residents' rights.</p> <p>Woodlands had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Woodlands also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with a range of Māori health providers. Woodlands recognised mana 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>	<p>FA</p>	<p>Woodlands supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, 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 Woodlands 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 and the facility's kaumatua. 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.</p> <p>Staff were observed to maintain residents' privacy throughout the</p>

		audit. All residents had a private room. Woodlands responded to tāngata whaikaha needs and enabled their participation in te ao Māori. Training on the aging process, diversity and inclusion included training on support for people with disabilities.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Woodlands 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 Woodlands was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Thirteen residents and six family/whānau interviewed expressed satisfaction with the services provided Woodlands.</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. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>Residents and their family/whānau at Woodlands 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 access these services if required. Resident and whānau meetings at Woodlands are held regularly, in addition to regular contacts with family/whānau by emails, phone calls, open door policy of the business care and village manager (BCVM) and the clinical manager (CM), and newsletters also keep family/whānau informed. A notification on the notice boards advised when the resident and</p>

		<p>whānau meeting will be held next.</p> <p>Evidence was sighted of residents communicating with all staff, including the BCVM and CM. Residents, family/whānau and staff reported the BCVM and CM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or Enduring Power of Attorney (EPOA). 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>	FA	<p>Residents at Woodlands and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent were documented, 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. A kaumatua was available to support and advise if needed.</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>	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. Residents and family/whānau understood their right to make a complaint and knew how to do so. The business care manager (BCVM) has overall responsibility for the management of complaints. A quality improvement was described and sighted</p>

<p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>		<p>following a recent complaint.</p> <p>Complaint forms and a box are at reception. The Code is available in te reo Māori and English.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint.</p> <p>The business care and village manager (BCVM) reported, and documentation evidenced, that a translator who identified as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</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>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 is using Māori consultancy processes to enable 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. 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). 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.</p>

		<p>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 Woodlands. 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 are committed to quality and risk via policy, processes, and through feedback mechanisms. This includes receiving regular information from each of the organisation's 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, 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. The regional clinical manager reported that the clinical manager (CM) is a competent manager and provides adequate information to monitor performance.</p> <p>Knowledge of the sector, regulatory and reporting requirements, and maintaining currency with the field through legal advice, is managed by Oceania's governance group. The BCVM keeps currency in the field through training, face-to-face meetings, emails, sector communication, Te Whatu Ora Nelson Marlborough and colleagues.</p> <p>The BCVM has been in the role for five years, has ten years aged care experience with Oceania, and has completed the management essential course for aged care managers. An assistant manager has been appointed. This person has previous experience as a business care manager and has been with Oceania for over three years. Support is provided by the national operations manager and the clinical governance group (CGC). When the BCVM is absent, the assistant manager and CM carry out all the required duties under delegated authority with support from the national operations manager and the CGC.</p> <p>Woodlands supports residents and their family/whānau to participate in the service through ongoing communication, care and support</p>
--	--	--

		<p>planning, resident meetings, and the six-monthly resident satisfaction survey. A sample of resident meeting minutes evidenced discussion on forthcoming cultural days.</p> <p>The service holds contracts with Te Whatu Ora Nelson Marlborough to provide age-related residential care (ARRC) rest home and hospital level, for up to 57 residents.</p> <p>On the day of audit, 28 residents were receiving rest home level care. Twenty-four residents were receiving hospital level care, including one YPD and one resident funded by the Accident Compensation Corporation (ACC). All beds are certified as dual-purpose beds. Thirty-four beds were occupied under an occupation rights agreement.</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>	<p>FA</p>	<p>Woodlands 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.</p> <p>The BCVM is responsible for quality. Residents, family/whānau and staff contribute to quality improvement through meetings and surveys.</p> <p>Monthly meetings are held to discuss quality and risk data gathered. In addition to meetings with relevant members of the corporate team, there have been separate monthly meetings including quality and staff, registered nurses, residents, health and safety, infection control, and restraint. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed.</p> <p>The resident survey completed in September 2023 returned an above average result. The last resident survey was in May 2024 and is yet to be analysed. The last staff survey was completed in March 2024. Results were described as very positive. The action plan was sighted and is yet to be signed off.</p> <p>Young people with disabilities have input into quality improvements to</p>

	<p>the service through the resident survey and monthly resident meetings. A laptop is available for their use.</p> <p>Quality improvement initiatives include a snapshot survey of meals, evidencing residents are very satisfied with the meals.</p> <p>Staff were supported to deliver high quality health care should any residents identify as Māori through, for example, training, including cultural safety training, cultural assessments, care planning, and communicating with the resident, and family/whānau. Staff reported they were learning te reo Māori and gave examples of tikanga.</p> <p>The 2024 internal audit schedule was sighted. Completed audits included the environment, medication, infection control, cleaning, laundry, and kitchen. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>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 and were current. Documentation is the responsibility of the relevant department at the corporate office.</p> <p>The BCVM described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The risk register was sighted. Where mitigation strategies are identified, there are processes in place to ensure these are corrected. Risks included fire, pathogens, natural disasters, plant and vehicles, and hazardous substances.</p> <p>Staff document adverse and near miss events. 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. Whilst Woodlands is following the principles of the National Adverse Events Reporting Policy, it is not yet required to report externally in relation to this.</p> <p>The BCVM and CM understood and have complied with essential notification reporting requirements. There have been two section 31</p>
--	---

		<p>notifications since the last audit. The change of clinical manager notification was made on 14 February 2024. A pressure injury (now healed) was reported on 28 March 2024. The notifications were sighted. There have not been any police investigations, coroner's inquests, or issues-based audits since the last audit. Public health and Te Whatu Ora Nelson Marlborough were notified of a gastrointestinal outbreak in November 2023.</p> <p>Critical analysis of organisational practices to improve health equity is occurring, including at Woodlands, with appropriate follow-up and reporting.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example wounds, medication and falls. Data between 1 January 2024 and 24 June 2024 was sighted. The CM reported that while the wounds data remained the same, medication and falls benchmarking data compared positively across the timeframe.</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>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A Safe Rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of two weekly rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital. A maintenance person, activities staff, kitchen staff, cleaning/laundry staff and an administrator are also employed to meet the needs of the residents. There are staff who have worked at Woodlands for between one month and thirty years.</p> <p>Residents, family/whānau and staff interviewed confirmed there were sufficient staff.</p> <p>An afterhours on-call system is in place, with the registered nurses sharing on-call 24/7. The BCVM is also on call for operational matters. Staff reported that good access to advice is available when needed. Bureau staff have been used once in the last 10 months to cover</p>

		<p>sickness.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, handwashing, hoist, infection prevention, insulin, interRAI, medication, nebulisers, oxygen, syringe driver, wound management and restraint competencies confirmed the training.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The BCVM reported, and documentation confirmed, that staff hold Level 2, Level 3 and Level 4 New Zealand Qualification Authority (NZQA) education qualifications.</p> <p>Seven of the ten registered nurses are interRAI trained. One RN is completing their orientation and is yet to be trained. The certificates were sighted.</p> <p>Training is provided either face-to-face or online and included abuse and neglect, the Code, complaints, chemicals, cultural safety, fire safety, first aid, health and safety, infection prevention, manual handling, medication, pressure injuries, privacy, palliative care, safe restraint and de-escalation, Treaty of Waitangi, Te Tiriti o Waitangi, wellbeing and self-care. Records of training were evidenced in the files reviewed.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held monthly and are an opportunity for people to discuss and express opinions on aspects of the service. A reminder to stay well hydrated during the summer months was noted in the minutes.</p> <p>The BCVM and assistant manager reported that Woodlands is building on its own knowledge through the collecting and sharing of high-quality Māori health information across the service through policy and procedure, care planning, resident and family/whānau engagement, cultural training, and through learning of te reo Māori. A collection of documents, including the Māori and Pacific peoples plans, were sighted.</p> <p>The BCVM reported that where health equity expertise is not available internally, external agencies are contacted. For example, Te Whatu</p>
--	--	--

		<p>Ora Nelson Marlborough, Te Piki Oranga, palliative care and gerontology staff.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, the employee assistance programme, cultural events, gifts, gift vouchers, three free physiotherapy sessions, and paid leave to celebrate their birthday.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of eight staff records reviewed confirmed the organisation's policies are being consistently implemented.</p> <p>Position descriptions are documented and were sighted in the files reviewed.</p> <p>The BCVM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practicing certificates were sighted for the ten registered nurses, seven pharmacists, dietitian, nineteen general practitioners, nurse practitioner, physiotherapist and the podiatrist. All were current.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff described their orientation and are buddied with an experienced staff member for up to one week, or longer if needed.</p> <p>Orientation includes civil defence cultural safety, fire safety, health and safety, infection control, Te Tiriti o Waitangi, hoist, hand hygiene, moving and handling, policy manual, PPE, and safe restraint. Files reviewed evidenced orientation training.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Information held about staff was accurate, relevant, secure, and stored and archived confidentially. Electronic data was username and password protected. Information was available only to those authorised to use it. Ethnicity data was being recorded for staff and</p>

		<p>used in accordance with Health Information Standards Organisation (HISO) requirements.</p> <p>Staff reported incident reports are discussed at staff meetings. They have the opportunity to be involved in a debrief and discussion and receive support following incidents, to ensure wellbeing.</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>Woodlands maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Most information was held electronically, and password protected. Any paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were integrated electronic and hard copy files. Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</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. Data collected included ethnicity data.</p> <p>Woodlands is 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 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.</p>	FA	<p>The admission policy for the management of inquiries and entry to Woodlands was in place. The admission pack contained all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family/whānau of choice, where appropriate, local communities, and referral agencies. Completed Needs Assessment and Service Coordination (NASC) agency authorisation forms for residents assessed as requiring rest home and hospital level of care were in place. The service collects ethnicity data on entry and decline rates for Māori.</p>

<p>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>Residents were welcomed into Woodlands when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as requiring the level of care Woodlands provided and had chosen Woodlands to provide the services they require.</p> <p>Family/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. Woodlands collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Woodlands 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 by contacting the local Te Awhina Marae or Te Piki Oranga. When admitted, residents had a choice over who would oversee their medical requirements. There were a number of GPs and a NP who addressed the medical needs of residents at Woodlands.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Woodlands worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Eleven residents' files were reviewed, comprising eight hospital files and three rest home files. Files reviewed included residents who had had an acute event requiring transfer to an acute facility, residents at risk of pressure injuries, residents with a wound, residents with behaviours that challenge, residents with compromised mobility, residents who had frequent falls, residents receiving care under an Accident Compensation Commission (ACC) contract, residents who identified as Māori, and residents with a number of co-morbidities.</p> <p>Files reviewed verified that a RN developed a plan outlining the care the resident required following a comprehensive assessment. The plan included consideration of the person's lived experience, cultural</p>

		<p>needs, values, and beliefs, and which considered wider service integration, where required. Assessments were based on a range of clinical assessments and included the resident and family/whānau input (as applicable). Timeframes for the initial assessment, GP/NP input, initial care plan, long-term care plan, short-term care plans, and review/evaluation timeframes met contractual requirements. All GP/NP visits were documented in the residents' files. Policies and processes were in place to ensure tāngata whaikaha and whānau participated in Woodland's service development, delivered services that provided choice and control, and removed barriers that prevented access to information. 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>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 young residents with a disability.</p> <p>Interviews with five family/whānau of other residents expressed a high degree of satisfaction with the care provided at Woodlands. The residents and their family/ whānau were actively involved in planning the resident's care and any ongoing discussions. Residents who identified as Māori were complimentary of the cultural support provided, and the responsiveness of staff to their needs.</p> <p>Interviews with the staff identified that they were familiar with all aspects of the care both residents required. An interview with the GP and NP expressed satisfaction with the care provided by Woodlands. There had been a significant improvement in communication over the past 18 months.</p>
Subsection 3.3: Individualised activities	FA	The recreation therapist (RT) and activities assistant (AA) at

<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 community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>Woodlands provided an activities programme six days a week that supported residents in maintaining and developing their interests, tailored to their ages and stages of life. The younger residents 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. On the week of audit, Matariki was being celebrated and there were a number of events associated with Matariki that were occurring. Additional activities included church services, bowls, pet therapy, games, crafts, storytelling, exercises and housie.</p> <p>The activities staff arranged frequent visits to local community events, and weekly shopping expeditions. Entertainers, volunteers and community groups visited when Covid restrictions permitted.</p> <p>The facility had a van that enabled twice-weekly outings to places and events of interest. Residents were supported to access local community events of interest.</p> <p>Satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Woodlands. Residents' meetings were held bimonthly and evidenced overall satisfaction with services provided.</p> <p>Residents and their whānau participated in evaluating and improving the programme. Those interviewed confirmed they found 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. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication</p>	<p>FA</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices are in line with legislation, protocols and guidelines. The required three-monthly reviews by the GP/NP were recorded. Resident allergies and sensitivities were documented</p>

<p>and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>on the medication chart and in the resident's record. The service had policies and procedures on management of medication adverse events and staff interviewed demonstrated knowledge of these.</p> <p>A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures were checked daily, and medication room temperatures were monitored weekly. Medications were stored securely in accordance with requirements.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Standing orders were not used at Woodlands. Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pros re nata (PRN) medicines, and documentation regarding effectiveness was noted in the electronic medication records and the residents' progress notes. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes were discussed with them. Twenty-two medication charts were reviewed. The medication policy describes use of over-the-counter medications and traditional Māori medications. Interviews with RNs confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP/NP following discussion with the resident and/or their whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for</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>older people. The menu had been reviewed by a qualified dietitian in April 2023. Any changes required had been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with a Ministry of Primary Industries (MPI) approved multi-site food safety plan and registration. The current food control plan will expire in July 2024. Food temperatures, cleaning regimes and fridge temperatures were monitored appropriately and recorded as part of the plan.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Residents can access a cooked full breakfast daily if they choose, by consulting with the cook. Māori and their whānau have menu options that are culturally specific to te ao Māori. On the week of audit, Matariki was being celebrated, with boil ups and fried bread being offered.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Dining rooms include a book where residents can record feedback on meals. The cook was observed consulting with residents at mealtimes to gain feedback. Woodlands has a number of small intimate dining rooms. The presentation of the environment enabled the eating experience to be pleasurable with minimal noise. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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.</p>	<p>FA</p>	<p>Transfer or discharge from Woodlands 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 family/whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Family/whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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 maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is publicly displayed. It expires on 31 March 2025.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule. Staff confirmed they knew the processes they should follow if any repair or maintenance is required, and any requests are appropriately actioned.</p> <p>Equipment tagging and testing was current as confirmed in records, interviews with the maintenance personnel, and observation. Calibration readings of biomedical records were sighted.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is room to store mobility aids, and wheelchairs. A ceiling hoist has been installed in the care suites and two other residents' rooms.</p> <p>Spaces were culturally inclusive and suited the needs of the resident groups. Communal areas are available for residents to relax, watch television or engage in activities. The main lounge and three dining areas are spacious and enable easy access for residents and staff. Residents can access areas such as the library, or one of the three family/whānau rooms for privacy or socialisation, as preferred. Furniture is appropriate to the setting and residents' needs.</p> <p>The care suites have a kitchenette area for making tea or coffee.</p> <p>All care suites have their own ensuite off the bedroom. Standard rooms either share a bathroom or use the communal bathrooms. The number of toilet and shared accessible bathroom facilities for visitors and staff are adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available</p>

		<p>to promote residents' independence.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised, with furnishings, photos and other personal items displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Residents and staff reported the adequacy of bedrooms.</p> <p>Residents were happy with the environment, including heating and ventilation, privacy, and maintenance. Heating is provided through heat pumps or wall heaters in each resident's room. Communal areas are heated with heat pumps. The heat pumps assist with cooling in summer. The temperature of each room and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit.</p> <p>Oceania directors and the BCVM were aware of the requirement to consult and co-design with Māori in any future development.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 19 September 2022. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 8 May 2024. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. A wall-mounted flip chart provides guidance for staff on responding to civil emergency and disaster events. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Fire extinguishers, call boxes, floor plans, sprinklers alarms, exit signs, and fire action notices were sighted.</p> <p>The CM reported that all but one RN have a current first aid certificate. Current first aid certificates were sighted. One RN is undertaking their</p>

		<p>orientation and is booked to complete their first aid training.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, food, medical supplies, PPE, and a gas BBQ were sighted. Supplies were last checked on 9 June 2024. Two thousand litres of water were sighted onsite that contained sufficient supplies for use in an emergency. This meets the National Emergency Management Agency recommendations for the region. The maintenance personnel reported that emergency lighting is in place, as is a generator.</p> <p>Staff reported that the doors are locked, and windows are closed at a predetermined time. Residents and family/whānau are informed of the emergency and security procedures at entry. A security company checks the premises twice each night. A call bell at the main entrance alerts staff to visitors after hours.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are led by the Oceania general manager (nursing and clinical strategy) who also leads the clinical governance team. The clinical governance group oversees all clinical issues within Oceania Healthcare.</p> <p>The IP and 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. Woodlands has IP and AMS outlined in its policy documents. This is now being supported at the 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. The regional clinical manager reported that the infection control co-ordinator (ICC) can access IP and AMS expertise through Oceania's clinical team, Te Whatu Ora Nelson Marlborough, the medical laboratory, and the attending GPs.</p> <p>Infection prevention and AMS information is discussed at the facility</p>

		<p>level, at clinical governance meetings, and reported to the board at board meetings.</p> <p>The board collects data on infections and antibiotic use and has added ethnicity to its data. The data is being collected and analysed to support IP and AMS programmes at Woodlands and the wider Oceania group.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control coordinator (ICC) at Woodlands was responsible for overseeing and implementing the IP and AMS programmes, with reporting lines to the CM. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. 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.</p> <p>The infection prevention and control policies reflecting the requirements of the standard were provided by an external advisory company. Cultural advice at Woodlands was accessed through the staff who identified as Māori and the cultural advisor/kaumatua. Staff were familiar with policies 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 identify as Māori and speak te reo Māori can provide ICN infection advice in te reo Māori if needed for Māori accessing services. Educational resources available in te reo Māori 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,</p>

		and staff verified their availability at the interview. Staff had been trained in their use. Residents and their family/whānau were educated about infection prevention in a manner that met their needs.
<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>The AMS programme guides the use of antimicrobials and is appropriate for the size, scope and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise.</p> <p>The AMS programme has been approved by the governance body. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted, with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes antibiotic usage and identifies 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>Woodlands undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Woodlands 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 includes ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/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</p>	FA	<p>A clean and hygienic environment supported the prevention of infection and transmission of antimicrobial-resistant organisms at Woodlands. Suitable personal protective equipment was provided to</p>

<p>the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>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 were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry was laundered off-site, though there was a small washing machine and drier available for small sensitive items, including residents' personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment 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 family/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 The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from</p>	<p>FA</p>	<p>Oceania Healthcare has changed the focus of its company policy from restraint minimisation to elimination. The board is fully supportive of this approach and confirmed a full report on restraint use from all</p>

<p>restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>facilities, including Woodlands should there be any, is provided to the board annually. At the time of audit, no residents were using a restraint, and there has been no restraint in use at Woodlands since December 2023.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by a senior RN who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. There are clear lines of accountability. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed.</p> <p>The RC described how the Woodlands multidisciplinary team would be responsible for the approval of the use of restraints should this be required in the future. For any decision to use or not use restraint, there is a process to involve the resident, their EPOA and/or family/whānau as part of the decision-making process.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
---	--	---

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.