

# Oceania Care Company Limited - Green Gables

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## 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:** Green Gables

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

**Dates of audit:** Start date: 19 June 2024 End date: 20 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:** 49

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Green Gables Rest Home and Hospital is part of Oceania Healthcare Limited. The facility is certified to provide services for up to 61 residents requiring rest home or hospital levels of care. The business care manager has been in the role for one month and is a RN with over 30 years aged care experience. This person has previous experience in the role of business care manager and had been supporting the previous business care manager since November 2023. Support is provided by the national operations manager and the clinical governance group. There were 49 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, governance representatives, staff, physiotherapist, administrator, and a general practitioner.

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

There were no areas requiring improvement.

## 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 fully attained.

Oceania has a Māori and Pacific people's health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. Green Gables 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. Staff were observed to engage with residents in a culturally safe way. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, and relationship status. 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, the requirement to do this is embedded in policy and Oceania actively recruits Māori and Pasifika into its service where it is able.

Residents and their family are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy, and dignity are respected and supported. Residents are safe from abuse.

Residents and family 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 and legal representatives are involved 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 fully attained.

Oceania Healthcare Limited as the governing body is committed to delivering high-quality services in all its facilities, including those at Green Gables. 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 are involved 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 fully attained.

The entry to service process is managed efficiently. 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 family-centred approach is adopted. Relevant information is provided to the potential resident and their family.

The service works in partnership with the residents and their family 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 new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and family and is evaluated on a regular and timely basis.

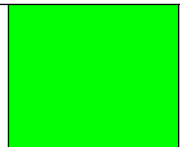
Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life. Activity plans are completed in consultation with residents, their family, and with staff. Residents and family expressed satisfaction 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 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 if the need is identified. Food is safely managed. Residents verified satisfaction with meals.

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

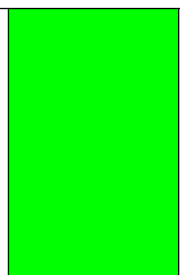
## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

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 fully attained.
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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 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 fully attained.
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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 is involved 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 family were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken, with follow-up action taken as required, and with 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 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, 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 Green Gables should any residents identify as Māori. Residents are involved in providing input into their care planning, activities, and dietary needs. There were no residents or staff who identified as Māori present during the audit. Family 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. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level.</p> <p>The service has links for Māori health support through Te Whatu Ora Nelson Marlborough and through Whakatū Marae. Staff confirmed they have received cultural training.</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 confirmed that services were being delivered in a culturally appropriate way. Green Gables 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. The business care manager (BCM) has contacts through Red Cross who can also provide support and guidance.</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 available and on display at Green Gables in prominent

<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>locations throughout the facility. Residents identifying as Māori who potentially enter the facility will have mana motuhake recognised and respected.</p> <p>Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on this topic was undertaken in February 2024.</p> <p>Residents and family interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.4: 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>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and family confirmed that they had received services in a manner that has regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident needs during admission and ongoing care planning and review processes. The clinical manager (CM) reported that residents are supported to maintain their independence by staff through daily activities, and examples of this included resident-led activities, and individualised mealtimes if desired. Residents were able to move freely within and outside the facility.</p> <p>Staff at Green Gables completed training on Te Tiriti o Waitangi in June 2024. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in care plans and policies and procedures reviewed. Residents and family reported their values, beliefs and language were respected by staff. Signage and posters in the facility with key information were in English and te reo Māori, and New Zealand Sign Language (NZSL).</p>

<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>	<p>FA</p>	<p>Oceania’s policies and procedures outline the organisation’s commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service’s policy on abuse and neglect, including what to do should this become evident at Green Gables. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with a manager if they had any concerns about racism or discrimination. Staff interviewed stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by the service’s code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Family had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling residents’ property and finances were evident. The organisation implements a sound process to manage residents’ sundry expenses. Professional boundaries are explained to staff during induction and orientation and were maintained by staff as observed and verified by resident and family interview. This was evident observing staff interaction with residents during the audit.</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>	<p>FA</p>	<p>Residents and family reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages. Staff understood the principles of open disclosure, and this is supported by policies and procedures.</p> <p>Changes to residents’ health status or reported incidents/events was communicated to relatives in a timely manner and these communications were documented in the resident’s record. Staff knew how to access interpreter services if required. Staff who are unable to speak te reo Māori advised they have learnt key phrases to share with residents who identify as Māori.</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 and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and family verified this. They felt empowered by staff at Green Gables to actively participate in decision-making. The CM, registered nurses 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 are documented, as relevant, in the resident's clinical file. There was evidence that an EPOA had been enacted for residents where this was a requirement. Where an EPOA is not in place Green Gables will support actions to have one appointed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and family understood their right to make a complaint and knew how to do so.</p> <p>Complaint forms and a box are at reception. The Code is available in te reo Māori and English. Staff reported they knew what to do should they receive a complaint.</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>The BCM 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</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</p>

<p>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>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. 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 Green Gables. 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 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.</p> <p>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 manager reported that the CM is a competent manager and provides adequate information to monitor</p>
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		<p>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 BCM reported that the group knew of the imminent changes to the Section 31 reporting. The BCM has been in the role for one month, has over 30 years aged care experience, is a registered nurse and has completed the management essential course for aged care managers. Support is provided by the national operations manager and the clinical governance group (CGC). When the BCM is absent, the clinical manager (CM) carries out all the required duties under delegated authority with support from the national operations manager and the CGC.</p> <p>Green Gables supports residents and their family to participate in the service through ongoing communication, care and support planning, resident meetings, and the six-monthly resident satisfaction survey. A sample of resident meeting minutes evidenced discussion on forthcoming activities.</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 61 residents.</p> <p>On the day of audit, twenty-one residents were receiving rest home level care, including one respite resident, and one resident under the long-term chronic health contract (LTCHC),</p> <p>Twenty-eight residents were receiving hospital level care, including two YPD, one respite, and one resident funded by the Accident Compensation Corporation (ACC).</p> <p>All beds are certified as dual-purpose beds and on the first day of the audit eleven 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>FA</p>	<p>Green Gables 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</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>incident/accident/sentinel event policy and the quality cycle.</p> <p>The BCM, with support from the CM, is responsible for quality. Residents, family 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>Quality projects include developing food service champions.</p> <p>The last resident survey was completed in May 2024. The survey is yet to be analysed. The previous resident satisfaction survey evidenced that people were satisfied with the service and the environment. The last staff survey was completed in November 2023. Results were described as average. The action plan is yet to be developed.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and monthly resident meetings. The BCM and national operations manager reported that younger people have access devices such as a computer, an iPad, and an iPod.</p> <p>Staff are 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. Staff reported they are learning te reo Māori and gave examples of tikanga.</p> <p>The 2024 internal audit schedule was sighted. Completed audits include the environment, clinical records, medication, infection control, cleaning, laundry, call bells and kitchen. Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the</p>
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		<p>relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, including at Green Gables, with appropriate follow-up and reporting. A Māori health plan guides care should any residents identify as Māori.</p> <p>The national operations manager described the processes for the identification, 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.</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 Green Gables 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 BCM and CM understood and have complied with essential notification reporting requirements. There have been two Section 31 notifications since the last audit. One related to the change of BCM and one for a pressure injury. The notifications were sighted. There have not been any police investigations, issues-based audits or any other notifications, for example public health. One coroner's inquest has been held since the last audit and was closed on 14 May 2024.</p> <p>Critical analysis of organisational practices to improve health equity is occurring, including at Green Gables, with appropriate follow-up and reporting. The provider benchmarks internally against relevant health performance indicators, for example infections, medication and falls. The CM reported that while the medication and falls benchmarking data compared positively against the last quarter, the infection rate rose due to two residents having Covid-19.</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</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</p>

<p>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>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. Residents and family and staff interviewed confirmed there were sufficient staff.</p> <p>There are staff who have worked in this care home for between two weeks and three and three-quarter years. Several staff have worked for Oceania for much longer and transferred from local Oceania facilities when they closed recently. Maintenance personnel, activities staff, cleaning/laundry staff, kitchen and café staff, and administration staff are also employed to meet the needs of the residents.</p> <p>An afterhours on-call system is in place, with the registered nurses sharing on-call 24/7. The BCM is also on call, as are the maintenance personnel. Staff reported that good access to advice is available when needed.</p> <p>Bureau staff have been used to cover RN shortages. The BCM reported that bureau RNs are employed on average once every six months, and HCAs twice a month to cover sickness.</p> <p>The BCM described the recruitment process, which includes referee checks, police vetting, and validation of qualifications and practicing certificates (APCs) where required.</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, fire knowledge, 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 BCM reported, and documentation confirmed, that staff hold Level 2, Level 3 and Level 4 New Zealand Qualification Authority (NZQA) education qualifications. The CM reported that nine of the twelve registered nurses are interRAI trained.</p> <p>Training is provided either face-to-face or online and includes abuse and neglect, complaints, challenging behaviour, chemicals, continence,</p>
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		<p>cultural safety, fire safety, first aid, infection prevention, manual handling, medication, palliative care, physical intervention, professional boundaries, supporting people with disabilities, safe restraint and de-escalation, Treaty of Waitangi, Te Tirit o Waitangi, wellbeing and self-care, dementia, and wound care. Attendance sheets were sighted.</p> <p>Meetings are held with the resident and their family 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. Meeting minutes evidenced discussion about observing upcoming cultural days.</p> <p>The BCM and national operations manager reported that Green Gables is building on their 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 engagement, cultural training, and through learning te reo Māori. A collection of documents, including the Māori and Pacific peoples' plans, were sighted.</p> <p>The BCM and CM reported that where health equity expertise is not available, external agencies are contracted. For example, Te Whatu Ora Nelson Marlborough 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, 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 nine 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 BCM described the procedure to ensure professional qualifications are validated prior to employment. Current annual practicing certificates were sighted for the twelve registered nurses, seven pharmacists, the dietitian, seventeen general practitioners, the</p>

		<p>physiotherapist and the podiatrist.</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. Orientation includes civil defence cultural safety, fire safety, health and safety, infection control, Treaty of Waitangi, hoist, hand hygiene, moving and handling, policy manual, PPE, and safe restraint.</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 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>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>	<p>FA</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. Information is accessible for all those who need it. Electronic data is username and password protected.</p> <p>Files were held securely for the required period before being destroyed. Archived files were stored through a security data storage company. A cataloguing system is used to retrieve files if needed. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) number. All residents have a National Health Index (NHI) number on admission.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>The admission policy for the management of inquiries and entry to Green Gables is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes are documented and communicated to the family 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. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori and Pacific people.</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>Seven resident (rest home and hospital) files were reviewed. File reviews included residents who had experienced a fall and transferred to an acute facility, a recent admission to Green Gables, a resident with multiple high needs health conditions and wound management, and a resident with cognitive decline requiring management of behaviour that challenges.</p> <p>The RNs complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. All residents' files sampled evidenced that relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented.</p> <p>Behaviour management plans were completed for residents where there was an identified need. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. The family or EPOAs of residents confirmed being involved in the assessment and care planning processes.</p>

	<p>There were no residents who identified as Māori or Pasifika residing at Green Gables during the audit. Staff interviewed were knowledgeable about care planning for residents who identified as Māori or Pasifika. Staff were aware of how to access cultural advice and tikanga Māori knowledge if required. Staff also acknowledged that whānau would be involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives were included in the assessment process.</p> <p>The Oceania Māori health plan was developed in consultation with a cultural advisor. The Māori health care plan used at Green Gables supports residents who identify as Māori to identify pae ora outcomes in their care plan in consultation with their whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance, as well as the inclusion of partnership and support of residents, whānau, and the extended whānau to support wellbeing. Tikanga principles are included within the Māori health plan. Green Gables uses Te Whare Tapa Whā model of care for residents who identify as Māori and the Fonofale model for Pasifika residents.</p> <p>Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and family. Interviewed family confirmed satisfaction with cultural support provided by the service. The care plans reflected identified residents' strengths, family goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care.</p> <p>The care plans evidenced service integration with other health providers including specialist services, medical, and allied health professionals. Any changes in residents' health were escalated to the GP. Referrals were made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated was evidenced in the residents' files sampled. The GP at Green Gables</p>
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		<p>confirmed satisfaction with the care being provided. Medical assessments were completed by the GP and routine medical reviews were completed regularly, with the frequency increased as determined by the resident's condition. Timely medical records were evidenced in sampled resident files.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. The handover between a shift was observed to be comprehensive, capturing information to maintain safe follow-through of residents' care. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as family goals and aspirations. Where progress was different from expected, the service, in collaboration with family, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and seven interviews with the families of residents verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were observed to be available, suited to the levels of care provided and in accordance with the residents' needs. The residents' families confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and family when required.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to</p>	<p>FA</p>	<p>Two activities coordinators (one is enrolled in a diversional therapy course with Careerforce), provide the activity programme at Green Gables. Volunteers from Green Gables village have been orientated to the facility. The programme supports residents to maintain and develop their interests and is tailored to meet cultural needs and is suitable for the residents' age groups and stages of life. Activities inhouse included</p>

<p>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>celebration of special holidays and cultural events (Waitangi Day and Matariki). Other activities included kapa haka groups visiting the home, pet therapy, regular exercise sessions, book club, inhouse choir, and weekly church services. Community outings included visiting places of interest in the local Nelson Marlborough area, shopping, and special community events. The activities programme also accommodated cultural preferences, when identified, including Pasifika and Māori and whānau in te ao Māori.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities.</p> <p>Residents and family were involved in evaluating and improving the programme. Residents interviewed confirmed the activities programme met their needs. Family interviewed expressed satisfaction with the activities programme provided at Green Gables.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<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 were recorded. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record. The service has 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 are checked daily, and medication room temperatures are 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</p>

		<p>stock checks and accurate entries.</p> <p>Self-administration of medication is facilitated and managed safely. Residents are supported to understand their medications, including support provided to Māori residents if admitted/residing at Green Gables.</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 pro re nata (PRN) medicines, and documentation regarding effectiveness was noted in progress notes. Medications are supplied to the facility in a pre-packaged format from a local contracted pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. Fourteen 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 following discussion with the resident and/or their family. Standing orders are not used at Green Gables.</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 is in line with recognised nutritional guidelines for older people. The menu has been reviewed by the Oceania group qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration, the current food control plan (FCP) registration extends from 14 March 2024 through to 28 March 2025. All 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. If Māori</p>

		<p>residents were admitted to Green Gables, they would have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident consultation and satisfaction with meals was verified by residents and family interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance by staff 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. 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 the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. This was evident in a file reviewed that required transfer to an acute care facility (refer subsection 3.2). The RN's regular contact with whānau was well documented prior to transfer to and from the acute facility.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident's file.</p> <p>Prior to transfer of the resident back to Green Gables, the RN ensured all relevant information for ongoing care of the resident was communicated and documented.</p> <p>Family is 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 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</p>	FA	<p>A current building warrant of fitness is publicly displayed. It expires on 22 December 2024.</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, which was sighted. Residents and staff confirmed they knew the processes they should follow if any repair or maintenance is required, that any requests are appropriately actioned, and that they are happy</p>

<p>belonging, independence, interaction, and function.</p>	<p>with the environment.</p> <p>Equipment tagging and testing is current as confirmed in records, interviews with the BCM, maintenance personnel, and observation. Calibration of biomedical records was sighted. The facility has a lift to the first floor and is large enough to take a bed if required.</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 each of the resident's 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. On the ground floor there is a café, dining area, lounge with a partial divider and a television lounge. On level one there is a large lounge, a smaller one off this, a main dining room and a private dining room.</p> <p>Lounge and dining areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy or socialisation, as preferred. Furniture is appropriate to the setting and residents' needs.</p> <p>Twenty-six care suites have a kitchenette. Twelve are on the ground level and fourteen are on the first floor. Thirty-five studio units have a kitchenette, small sitting room and a larger bedroom. Seventeen are on the ground floor, and eighteen are on the first floor.</p> <p>All care suites and studio units have their own ensuite off the bedroom. The number of toilets 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 to promote residents' independence.</p> <p>All bedrooms provide single occupancy, with room for a second single bed if required. One room was shared by a couple at the time of the audit.</p> <p>Adequate personal space is provided to allow residents and staff to move around safely within the spacious bedrooms. Rooms are</p>
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		<p>personalised, with furnishings, photos and other personal items displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Residents, family and staff reported the adequacy of bedrooms.</p> <p>Residents and family were happy with the environment, including heating and ventilation, privacy, and maintenance. There is ceiling heating, which is supplemented by heat pumps. The heat pumps assist with cooling in summer. The temperature of each care suite and communal area can be individually adjusted. Each area was warm and well-ventilated throughout the audit. There is a gas wall-mounted heater in the small downstairs lounge room, which effectively warms the room and nearby areas.</p> <p>Oceania directors 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 26 August 2020.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 16 February 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 were displayed and known to staff. The emergency plan met the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff were 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. Staff reported attending fire safety training in February 2024 and records confirmed this.</p> <p>The CM reported that all RNs have a current first aid certificate. Current</p>

		<p>first aid certificates were sighted.</p> <p>Call bells alert staff to residents requiring assistance. Residents and family reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, medical supplies, PPE, and a gas BBQ, were sighted. Supplies were last checked on 16 May 2024. Four tanks, each with five hundred litres of water, were sighted onsite, providing sufficient supplies for use in an emergency. Additionally, three hundred litres of water is stored on each floor. This meets the National Emergency Management Agency recommendations for the region. The maintenance personnel reported that emergency lighting is in place.</p> <p>Appropriate security arrangements were in place. Exterior doors require a swipe card for entry except the main entrance door. Staff reported that the main door is locked, and windows are closed at a predetermined time. Residents and family were familiar with emergency and security arrangements. Closed-circuit cameras have been installed at the external doors. Signage is in place, and its use does not compromise personal privacy. An intercom and camera are present at the main door to enable staff to identify visitors before granting access 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. Green Gables 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 infection prevention and control coordinator (IPCC) can access IP and AMS</p>

		<p>expertise through the regional Oceania clinical manager and Te Whatu Ora Nelson Marlborough, and the GP. Infection prevention and AMS information is discussed at the facility level, at clinical governance meetings, regional 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 Green Gables 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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme at Green Gables, with reporting lines to the CM and the Oceania regional clinical manager. Their advice has been sought when making decisions around procurement relevant to care delivery, and they can be consulted about new builds, facility changes, and policies. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from Te Whatu Ora Nelson Marlborough IP clinical nurse specialist.</p> <p>The IP and AMS policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by Oceania with input from clinical specialists in infection prevention and control. Cultural advice was accessed by the Oceania quality manager who developed the infection control policies and programme. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The IPCC is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility.</p>

		<p>Staff interviewed at Green Gables were familiar with IC policies. Staff orientating to the facility had IPC as part of the orientation process. Staff were observed to follow policy and procedure correctly. Education and competency had been delivered as required in the 2023 education and competency programmes. All staff had education on infection control, personal protective equipment (PPE) use, hand hygiene or outbreak management, and all competencies were assessed as required in the competency programme.</p> <p>Individual-use items are discarded after being used. Residents and whānau are educated about IP relevant to their needs. Staff who speak te reo Māori can provide IPCC with infection advice in te reo Māori if needed for Māori accessing the service. There were educational resources available in te reo Māori.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and PPE available, stocks were sighted, and staff verified their availability at interview.</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>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</p>	FA	<p>Surveillance of HAIs is appropriate for the size and complexity of the service. It is in line with priorities recommended for long-term care facilities and is defined in the IPC programme.</p>

<p>surveillance programme.  Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.  As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and actions plans are implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, fungal, eye and multi-resistant organisms. Surveillance tools are used to collect infection and ethnicity data, and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff (e.g., in the staff meetings) and governance.</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.  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 antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A new modern, clean and hygienic environment at Green Gables supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling 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.</p> <p>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 cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry (sent to another Oceania local facility) and cleaning (inhouse) processes are monitored for effectiveness via the internal audit programme. The resident satisfaction survey and residents' meeting minutes were sighted. Staff involved have completed relevant training and were observed to carry out duties safely.</p> <p>Residents and family reported that the laundry is managed well, and the facility, communal and personal spaces, are kept clean and tidy. This was confirmed through observation during audit.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>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 facilities, including Green Gables, 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 Green Gables since December 2023.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator (RC) is a defined role undertaken by the CM 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. Competencies for staff in least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring have been completed. Safe restraint is covered in the orientation programme of the facility.</p> <p>The RC, in consultation with the Green Gables 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 and contains enough information to provide an auditable record of restraint should this be required.</p> <p>Given there is no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.