

Oceania Care Company Limited - Elmwood Rest Home and Village

Introduction

This report records the results of a Surveillance 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: Elmwood Rest Home and Village

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

Dates of audit: Start date: 3 July 2024 End date: 3 July 2024

Proposed changes to current services (if any): A new facility is being constructed on the current Elmwood Rest Home and Village site. Residents will move in September 2024.

Total beds occupied across all premises included in the audit on the first day of the audit: 126

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 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

Elmwood Rest Home and Village is a facility that provides rest home, hospital-level care, and non-aged residential care to younger people with physical and/or intellectual disabilities for up to 160 residents. Significant changes have been made in management since the previous audit. This facility is operated under Oceania Healthcare, a developer, owner and operator of residential aged-care and retirement village facilities in New Zealand.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service's contract with Health New Zealand – Te Whatu Ora Counties Manukau (Te Whatu Ora Counties Manukau). The audit process included reviewing policies and procedures, reviewing residents' and staff records, and observing and interviewing residents, whānau, staff and management, and the nurse practitioner.

The service is led by a business care manager (BCM) with extensive experience in the health and disability sector, supported by two clinical managers, registered nurses, a regional clinical manager, the chief executive officer, and the board.

The previous audit shortfall regarding medication management has been addressed. Improvement is required from this audit around completing orientation and staff appraisals.

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 peoples' health policy in place. The policy outlines Oceania's commitment to Te Tiriti o Waitangi and Te Whare Tapa Whā model of care. The service 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. Pacific peoples are provided with services that recognise their worldview and are culturally safe. Residents and staff stated that culturally appropriate care is provided.

Person-centred service, which is aligned with the Code of Health and Disability Services Consumer Rights (the Code), is provided. Information is communicated in a manner that enables understanding and promotes informed choice. Consent is obtained where and when required. Whānau and legal representatives are involved in consent processes that comply with the law. Residents, including young people with disabilities (YPD), and whānau confirmed that residents are always treated with dignity and respect.

There was no evidence of abuse, neglect or discrimination. Residents' property and finances are protected.

Complaints processes are implemented, and complaints and concerns are managed and documented.

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.		Some subsections applicable to this service partially attained and of low risk.
---	--	---

As the governing body, Oceania Healthcare Limited is committed to delivering high-quality services in all its facilities, including those at Elmwood Rest Home and Village. Consultation with Māori is occurring at the governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities. The quality and risk management systems are focused on quality service provision and care.

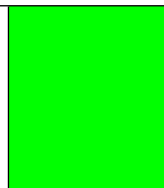
Strategic and business planning defines the purpose, values, direction, scope and goals of the organisation and facility. Suitably qualified and experienced people manage the service. Business, health and safety, and clinical services are monitored on an ongoing basis, with regular reviews according to predetermined schedules. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that their health and safety are a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the contract's requirements with Te Whatu Ora Counties Manukau.

Staff coverage is maintained for all shifts. Residents' acuity is considered when planning and ensuring adequate coverage. Staff are provided with orientation and job descriptions and receive education. All employed and contracted health professionals maintain a current practising certificate.

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.

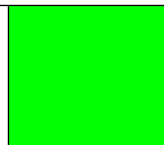
Residents' assessments and care plans are completed in a timely manner. The service works in partnership with the residents and their whānau to assess, plan and evaluate care. The care plans are based on the residents' assessed needs, and they demonstrated appropriate interventions and individualised care. Residents are reviewed regularly and referred to specialist services and to other health services as required. Transfers to other health care services, and discharges, are managed in an appropriate manner to allow residents' safety and continuity of care.

The implemented medicine management system is appropriate for the scope of the service. Medicine is safely stored and administered by staff who have current medication administration competency.

A holistic approach to menu development is adopted, ensuring food preferences, dietary needs, intolerances, allergies and cultural preferences are undertaken in consultation with residents and whānau where appropriate. Residents verified satisfaction with meals.

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.

All building maintenance records are maintained. The building warrant of fitness is current, and an approved evacuation plan is in place. Electrical equipment and calibration requirements are up to date. All internal and external areas are accessible and safe and meet the needs of residents living in this rest home and hospital. A planned and reactive maintenance programme is in place.

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

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

The implemented infection prevention programme is linked to the quality management system. Annual reviews of the programme are reported to the governance body, as are any significant infection events.

Staff receive infection prevention education during the orientation period and annually.

Surveillance of health care-associated infections is undertaken, and results shared with all staff. Follow-up action is taken as and when required. Infection outbreaks reported since the previous audit were managed effectively.

Here taratahi | Restraint and seclusion

<p>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.</p>		<p>Subsections applicable to this service fully attained.</p>
--	--	---

Policies and procedures are in place to promote the elimination of restraint use. At the time of the audit, four residents were using a restraint. The register was maintained. De-escalation training was provided to staff.

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	17	0	1	0	0	0
Criteria	0	48	0	2	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>	FA	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan for 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 people’s health policy and plan as per the requirements of the Ngā Paerewa standard.</p> <p>There were residents who identified as Māori. Staff who identify as Māori are part of the diverse staff employed at the service. There is a Māori cultural advisor who is available for this service.</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>	FA	<p>The service provider has a policy on Māori and Pacific peoples’ health. This describes how the organisation responds to the cultural needs of residents. The document notes the Pasifika worldviews, and the need to</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>		<p>embrace their cultural and spiritual beliefs.</p> <p>Policies and procedures are available to guide staff in caring for Pacific peoples. The Pacific peoples' worldview policy underpins the provision of equitable service. Expert advice is sought from the resident or family and/or the community.</p> <p>Cultural assessments and care plans for residents of each Pacific descent are available to implement. Models of care are documented and implemented. There were residents who identified as Pasifika and staff members who each spoke their languages fluently.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff have received education on the Code of Health and Disability Services Consumers' Rights (the Code) as part of the orientation process and ongoing annual training, as verified in staff training records sampled. Staff understood residents' rights and gave examples of how they incorporate these in daily practice. Information on the Code in English and te reo Māori is provided to residents and whānau on admission. Residents and whānau confirmed being made aware of their rights during the admission process and through explanation provided by staff on admission. Residents and whānau confirmed that services were provided in a manner that complies with their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Residents and whānau stated that they have not witnessed or suspected abuse and/or neglect, and that staff maintain professional boundaries. The staff orientation process includes education related to professional boundaries, code of conduct, discrimination, and abuse and neglect.</p> <p>Staff have received ongoing education on abuse and neglect. Residents, including YPDs, reported that they are free to express any concerns either in residents' meetings or individually to the management team when required, and these were responded to promptly.</p> <p>Residents' property is labelled, and photos of their valuables are taken on admission. Residents are responsible for managing their finances. There were lockable cupboards in residents' rooms that can be utilised to keep valuables safe.</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 are provided with information and were involved in the consent processes, as verified in interviews. Where required, residents' legal representatives were involved in the consent process. Informed consent was obtained as part of the admission documents which the resident and/or their legal representative sign on admission. Staff were observed to gain consent for daily cares. Signed consent forms and admission agreements were available in files reviewed.</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, leading to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There have been 24 complaints in 2023, and ten in 2024 (year to date). The clinical manager reported that the complaint process timeframes were adhered to, and service improvement measures were implemented as required.</p> <p>Documentation, including follow-up letters and resolutions, was completed and managed in accordance with guidelines set by the Health and Disability Commissioner. Discussions with residents and whānau confirmed they were provided information on the complaints process and remarked that any concerns or issues were promptly addressed.</p> <p>Whānau and residents making a complaint can, if they choose, involve an independent support person such as the cultural advisor, in the process. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. Residents and whānau spoke with expressed satisfaction with the complaint process. In the event of a</p>

		<p>complaint from a Māori resident or whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>Two external complaints to the Health and Disability Commissioner remain open. The service has complied with all requests for further information within the required timeframes, and no issues have been identified in relation to the complaint so far.</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 by supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti, and being focused on improving outcomes for Māori and Pasifika, reducing barriers and achieving equity for Māori. The service provides rest home, hospital-level care and younger people with disabilities care.</p> <p>A new facility is being constructed on the current Elmwood Rest Home and Village site. A transition plan is in place, and residents will move in early September 2024.</p> <p>The service has a defined governance and leadership structure, including clinical governance, that is appropriate to its size and complexity.</p> <p>Board members can access cultural training, te reo Māori, and opportunities to upskill in Te Tiriti o Waitangi through other community roles and employment. Oceania has a legal team that monitors legislative and clinical requirements changes and has access to domestic and international legal advice. Reports cover quality, risk, compliance with standards and legislation, and other operational matters.</p> <p>A new management structure is in place, led by a business care manager (BCM) with extensive experience in the health and disability sector who has been in the service for one year. The BCM is supported by two clinical managers, registered nurses, a regional clinical manager, the chief executive officer, and the board. The management confirmed knowledge of the sector and regulatory and reporting requirements.</p> <p>The Oceania Strategic Pillars identify the organisation's purpose, values, direction, scope and goals and monitor and review performance at planned intervals.</p>

		<p>Elmwood Rest Home and Village has 160 residential aged care beds. The facility is registered to provide hospital or rest home level care in 118 rooms and rest home care only in 42. There were 126 residents at the audit, and three rooms had couples. Seventy-three residents received hospital-level care, and 48 received rest home-level care age-related residential care agreements (ARRC), including residents in care suites under an occupation right agreement. Five residents were under a Ministry of Health young persons with a disability (YPD) contract. No residents were under a Te Whatu Ora long-term chronic health care conditions contract.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a quality and risk management plan that is documented to guide practice. This includes managing incidents and complaints, internal and external audit programmes, residents and whānau satisfaction surveys, monitoring of outcomes, and clinical incidents and accidents, including infection surveillance. Organisational practices were analysed by evaluating monthly data such as internal audits, surveys, and incidents compared with previous months. This is also conducted at the governance and service levels.</p> <p>The meeting minutes reviewed confirmed regular review and analysis of quality indicators, and that related information is reported and discussed at management, staff, clinical, and residents' meetings (where appropriate). The BCM reports to the national office. Staff reported their involvement in quality and risk management activities through audit activities. Relevant corrective actions were developed, implemented, and signed off when completed, as sighted in the documentation.</p> <p>A staff satisfaction survey was carried out in March 2024 and a resident/whānau survey in May 2024. Surveys are comprehensive, and the results were collated, analysed and utilised to make service improvements when required. The feedback survey results reviewed showed positive responses to care, communication, and support. Internal audits were completed according to a 2023 and 2024 schedule, with corrective actions and outcomes fed back to the staff and the corporate office.</p> <p>Health and safety systems were implemented. An up-to-date risk register</p>

		<p>reflected the current environment, with the severity and probability of each risk identified and determined. Risks, especially those associated with service provision, were monitored, analysed and addressed. Ten incidents were reviewed in the incident register. Incident reports were completed, and opportunities were identified to minimise risks. Improvements have been made in medication management, managing burns, falls, and challenging behaviour.</p> <p>Management was aware of the new National Adverse Events Reporting Policy. The service complies with statutory and regulatory reporting obligations. The BCM interviewed was fully informed and complied with statutory obligations about essential notification reporting. Eleven Section 31 notifications were completed, nine about pressure injuries, one fall resulting in death and one for a resident who absconded. Public health was notified about the Covid-19 outbreaks.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>A documented and implemented process determines staffing levels and skill mixes to provide culturally and clinically safe care. No bureau staff were used. There are currently 19 registered nurses, six of whom are InterRAI trained, and one is in training.</p> <p>The organisation adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them. Residents and whānau confirmed this in interviews. Cultural advice is sought in a timely manner through local and national cultural advisors. There were always first aiders on every shift. Care staff have either completed or commenced a New Zealand Qualification Authority education programme, with some having trained at a higher level than this to meet the requirements of the provider's agreement with the health funders.</p> <p>The rosters are displayed monthly. Staff commented positively and reported working at this organisation for over two years. Staff complete competencies such as cultural, first aid, hoist, hand hygiene, and medication competencies. An annual training programme covers mandatory and elective topics and meets the obligations of the service contract. Online learning opportunities are also available for staff to complete independently.</p>

		Clinical advice is always available when required, ensuring a secure care provision. An out-of-hours on-call policy explains how and when to contact the out-of-hours nurse practitioners and the management team.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Low	<p>Human resource management policies and processes are based on good employment practices and relevant legislation. The annual practising certificates of all health professionals are reviewed annually, and a record is maintained. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There was evidence of good recruitment processes, including letters of offer, signed employment agreements and position descriptions, validation of qualifications, police vetting, orientation and performance appraisals. A total of 12 staff files were reviewed.</p> <p>An improvement is required to ensure that performance appraisals and orientation forms are completed within the required timeframes.</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>	FA	<p>The registered nurses (RNs) complete admission assessments, care plans and evaluation of care plans in a timely manner. The admission assessments and care plans sampled were developed in consultation with the residents and whānau where appropriate. Appropriate cultural safety training has been completed by the RNs. Residents' lived experiences, oral health, cultural needs, values, and beliefs are assessed.</p> <p>The care plans included identified residents' strengths, goals and aspirations aligned with their values and beliefs. Strategies to maintain and promote residents' independence, wellbeing, and where appropriate, early warning signs and risks that may affect a resident's wellbeing, were documented. Behaviour assessments and management plans that included identified triggers were completed for any identified behaviours of concern. Whānau goals and aspirations identified were documented in the care plans, where applicable. Residents and whānau stated that staff were very thorough and diligent.</p> <p>Use of Māori healing methodologies, such as karakia, mirimiri and</p>

		<p>rongoā is assessed for residents who identify as Māori and is incorporated in the care plan where required. The care planning process supports residents who identify as Māori and whānau to identify their pae ora outcomes in their care.</p> <p>Medical assessments were completed by the contracted nurse practitioners (NPs) within two to five working days of an admission. Routine medical reviews were completed three-monthly. More frequent reviews were completed as determined by the resident's condition where required. Changes in residents' health were escalated to the NPs. Referrals were sent to relevant specialist services as indicated. The NP expressed satisfaction with the care provided to residents.</p> <p>The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions. Short-term care plans were reviewed weekly or earlier if clinically indicated, and closed off when the acute condition resolved. Residents' goals and aspirations, as well as whānau goals and aspirations, were evaluated. Where progress was different from expected, the service, in collaboration with the resident or whānau, responded by initiating changes to the care plan.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and whānau confirmed being involved in evaluating progress and any resulting changes.</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</p>	<p>FA</p>	<p>The implemented medicine management system is appropriate for the scope of the service. The medication management policy identified all aspects of medicine management in line with current legislative requirements and safe practice guidelines. An electronic medication management system is utilised. An RN was observed administering medicine in an appropriate manner. They demonstrated good knowledge and had a clear understanding of their role and responsibilities related to each stage of medicine management. All staff who administer medicine were competent to perform the function they manage and had a current</p>

<p>guidelines.</p>		<p>medication administration competency.</p> <p>Medicine allergies and sensitivities were documented on the electronic chart where applicable. Standing orders were not used. The service uses pre-packaged medication packs. The medication and associated documentation were stored safely. Medication reconciliation was conducted by RNs when regular medicine packs were received from the pharmacy and when a resident was transferred back to the service. The previous area of improvement related to reconciliation of medicine on delivery of medicine to the facility (criterion 3.4.2) has been addressed. All medicine in the medication cupboard and trolley were within current use-by dates. Clinical pharmacist input was provided on request.</p> <p>Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug registers provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Temperature for the medication rooms and medication fridges were checked weekly and were within the recommended ranges.</p> <p>Appropriate processes were in place to ensure self-medication administration was managed in a safe manner and staff understood the requirements.</p> <p>Regular medication audits were completed, with corrective action plans implemented as required.</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>Residents’ dietary requirements are assessed on admission to the service in consultation with the residents and whānau. The dietary profiles identify residents’ personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A copy of the dietary form is shared with the kitchen staff and any requirements are accommodated in daily meal plans. Three menu options are provided for the lunchtime and evening meals.</p> <p>A four-weekly menu cycle is used. The menu is reviewed by the organisation’s dietitian six-monthly. The menu is customised as per residents’ feedback. It was last reviewed in April 2024. The service</p>

		operates with a current food control plan that expires on 28 March 2025.
<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>A documented transfer and discharge policy is in place to guide staff practice. Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau or legal representative. Residents' current needs and risk management strategies are documented, where applicable. Residents' whānau reported being kept well informed during the transfer of their relative.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure residents' physical environment and facilities (internal and external) are fit for purpose. A current building warrant of fitness, expiring on 16 March 2025, was displayed. There is a preventative and reactive maintenance programme, and buildings, plant and equipment are maintained to an adequate standard. Legislative requirements were met. Electrical checks were completed, and an inventory was maintained. The contracted medical company checked the annual calibration of medical resources and equipment. Calibration included the scales (floor and chair scales). Manual handling and hoist management training was provided to all staff as per the training programme.</p> <p>Whānau and residents interviewed were pleased with the environment's suitability for their whānau members' needs. Appropriate signage and cultural information were on the notice boards for staff and residents to view. Five residents funded under the YPD contract had all the necessary equipment. There were well-maintained garden areas.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	FA	<p>The group general manager, clinical and care services is responsible for the implementation, management and continuous evaluation of the</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>infection control programme. The national infection control committee is involved in the annual review of the IP programme. The infection prevention (IP) programme is led by a nominated infection control coordinator at facility level. The IP programme has been approved by the governance body, links to the quality improvement system and is reviewed and reported on annually. The IP programme was developed in consultation with Oceania's expert infection control nurse. The IP programme was last reviewed on 10 May 2024.</p> <p>Staff have received relevant education in IP at orientation and through ongoing annual study day sessions. Education with residents was on an individual basis when an infection was identified, and through group education in residents' meetings.</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>The infection surveillance programme is appropriate for the size and complexity of the service. Surveillance methods, tools, documentation and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored and reviewed monthly. Trend analysis is completed monthly, and action plans are implemented. Surveillance records included ethnicity data.</p> <p>Infection prevention audits were completed annually. Relevant corrective actions were implemented where required. Results of the surveillance programme are shared with staff and reported back to the governance body regularly.</p> <p>Residents were advised of identified infections in a culturally safe manner. This was verified in interviews with residents and whānau. Infection outbreaks reported since the previous audit were managed effectively.</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</p>	FA	<p>The clinical manager interviewed advised that restraint is eliminated whenever possible. The clinical manager confirmed that this is documented in policy (sighted) and communicated to staff during orientation and as part of the ongoing education programme. The clinical manager is the restraint coordinator who provides monthly reporting, and restraint is discussed at the management, registered nurses, and quality</p>

<p>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>and safety meetings. De-escalation training includes a competency questionnaire, which all staff complete at orientation and annually. The clinical manager is responsible for maintaining the restraint register. At the time of the audit, four residents were using a restraint.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Staff receive an orientation and induction programme covering the service's essential components. An orientation form is completed and signed off before filing. However, five of the eight staff files reviewed did not evidence this.</p>	<p>Five of the eight staff files had no evidence of completed orientation.</p>	<p>Ensure orientation is completed for all staff as per policy and standard requirements.</p> <p>180 days</p>
<p>Criterion 2.4.5</p> <p>Health care and support workers shall have the opportunity to discuss and review performance at defined intervals.</p>	PA Low	<p>Staff performance is reviewed and discussed regularly; however, this had not occurred in four of the eight staff files reviewed. Staff reported that they have input into the performance appraisal process and can set their own goals.</p>	<p>Four of the eight staff files reviewed had no evidence of completed performance appraisals.</p>	<p>Ensure performance appraisals are performed at defined intervals as per policy and standard requirements.</p> <p>180 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.