

Oceania Care Company Limited - Awatere

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: Awatere

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

Dates of audit: Start date: 25 June 2024 End date: 26 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: 75

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

Awatere Care Suites (Awatere) is part of Oceania Healthcare Limited. The facility can provide services for up to 91 residents requiring rest home or hospital levels of care in their own apartments. On day one of the audit, there were 75 residents on site.

There have been no significant changes in the services provided at Awatere, or in the environment, since the previous surveillance audit in May 2023. A change of chief executive for Oceania and some changes within the executive leadership team have occurred.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the agreements held with Health New Zealand – Te Whatu Ora. The audit process included a pre-audit review of policies and procedures, review of residents' and staff files, observations and interviews with residents and whānau, the business and care manager (BCM), the clinical manager (CM), the regional clinical manager and regional operations manager, the kitchen manager, registered nurse (RNs), health care assistants and allied staff, and a nurse practitioner. Residents and whānau were complimentary about the care provided.

One continuous improvement rating is allocated for improvement in residents' satisfaction with the activities programme. There were no areas identified as requiring improvement as a result of this audit.

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.

Awatere 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 worldviews and are culturally safe.

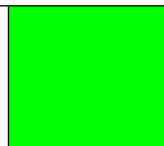
Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and feel listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever 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.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

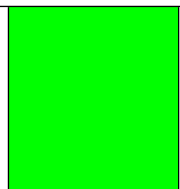
The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are managed in accordance with the National Adverse Events Reporting Policy. Incidents are documented, reported, investigated and actions implemented to prevent recurrence. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

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

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

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that may arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

Medicines are safely managed and administered by competent staff. The organisation uses an electronic system for prescribing, dispensing and administering medications. Nurse practitioners (NPs) are responsible for all medication reviews. Policies and procedures describe medication management that aligns with accepted guidelines.

The food service meets the nutritional needs of the residents, with special cultural needs catered for. 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 is welcoming, culturally inclusive and meets the needs of residents. Furniture, equipment and other chattels were being well maintained. There was a current building warrant of fitness.

Electrical equipment is tested as required. External areas are accessible and safe, and shade and seating are provided. The exterior and interior spaces meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills.

Residents and whānau 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 the implementation of the infection prevention and control programme, which is linked to the quality management system. The programme's annual review and any significant infection events are reported to the governance board.


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

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required and with results shared with staff. Infection outbreaks are managed according to Ministry of Health guidelines and policy requirements.

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

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 restraints at the time of audit. Systems for safe restraint are in place if a restraint is ever required. This includes processes for assessment, approval, monitoring and regular reviews. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	1	167	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>	FA	<p>Awatere has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The name of the service's kaumatua is displayed at the entrance and the environment is culturally inclusive. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>The Māori & Pasifika Health Plan (site operational plan) was developed with input from cultural advisers and local iwi. Te Whare Tapa Wā Māori model of health is offered for residents who identify as Māori. There was a small number of residents who had familial links to Māori but who didn't identify as such. Māori staff are employed in various roles.</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>	FA	<p>The organisation, Oceania Healthcare Limited and Awatere have identified and worked in partnership with Pacific communities and organisations to develop their Pacific people's health policy and the Māori & Pasifika Health Plan (site operational plan). The policy and the plan, which link to Ola Manuia 2020-2025 action plan, support culturally safe practices for Pacific peoples using the service. A</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>Pacific resident interviewed felt their worldview, cultural and spiritual beliefs were embraced. Approximately 20% of the workforce have links to the Pacific Islands. These staff are employed in various roles.</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>	<p>FA</p>	<p>All staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in following their wishes. Family/whānau and residents interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service, and confirmed they were provided with opportunities to discuss and clarify their rights. The Code is available in te reo Māori, English, and New Zealand Sign Language. Staff training on the Code has been provided.</p> <p>The clinical manager (CM) interviewed, reported that the service recognises Māori mana motuhake (self-determination) of residents, family/whānau, or their representatives in its updated cultural safety policy. The assessment process includes the residents' wishes and support needs.</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>Residents were supported in a way that is inclusive and respects their identity and experiences. All residents were able to maintain their personal, gender, sexual, cultural, religious, and spiritual identity. These were documented in the residents' care plans sampled. Family/whānau and residents confirmed being consulted.</p> <p>The CM reported that staff supported residents in maintaining their independence through daily activities. Residents were able to move freely within and outside the facility. There is a documented privacy policy that references current legislation requirements. All residents had an individual room. Staff were observed to maintain privacy throughout the audit, including respecting residents' personal areas, and knocking on the doors before entering.</p> <p>Staff had completed cultural training as part of orientation and competencies in relation to Te Tiriti o Waitangi, te reo Māori, and</p>

		<p>tikanga practices. The CM reported that te reo Māori and tikanga Māori practices are promoted within the service through activities undertaken, such as policy reviews and translation of English words into Māori.</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>	FA	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement.</p> <p>Residents reported that their property and finances were respected and that professional boundaries were maintained. The CM reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Family/whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect, and were safe. Policies and procedures, such as the harassment, discrimination and bullying policy, are in place. The policy applies to all staff, contractors, visitors and residents.</p> <p>The Māori cultural policy in place identified strengths-based, person-centred care and general healthy well-being outcomes for Māori residents admitted to the service. The CM further reiterated this, reporting that all outcomes are managed and documented in consultation with residents, Enduring Power of Attorney (EPOA)/whānau, and Māori health organisations and practitioners (as applicable).</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.</p>	FA	<p>In interviews, residents and whānau reported that communication was open and effective, and they felt listened to. EPOA/whānau/family stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and outcomes of regular or urgent medical reviews. This was supported by the residents'</p>

<p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>records that were reviewed. Staff understood the principles of open disclosure, which are supported by policies and procedures.</p> <p>Personal, health and medical information from other allied health care providers is collected to facilitate the effective care of residents. Each resident had a family or next of kin contact section in their file.</p> <p>No residents required interpreter services; however, the staff knew how to access interpreter services if required. Staff can provide interpretation as and when needed and use family members as appropriate. Staff reported that verbal and nonverbal communication cards and regular use of hearing aids by residents, when required, are encouraged.</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>The CM and care staff interviewed understood the principles and practice of informed consent. Informed consent policies provided relevant guidance to staff. Residents' files sampled verified that informed consent for the provision of care had been gained appropriately using the organisation's standard consent form. Consent forms reviewed included van outings, medical, general informed, and resident consent to student involvement. These are signed by the EPOA and residents. The NPs make a clinically based decision on resuscitation authorisation in consultation with residents and family/whānau. The CM reported that advance directives are explained and encouraged.</p> <p>Staff were observed to gain consent for day-to-day care, and they reported they always check first whether a consent form is signed before undertaking any of the actions that need consent. Interviews with relatives confirmed the service actively involves them in decisions that affect their family members' lives. All consent forms reviewed were signed. In interviews conducted with residents, they reported they felt safe, protected, listened to, and happy with the care/consent processes.</p> <p>The staff reported that tikanga best practice guidelines in relation to consent during care were observed.</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. Complaints are triaged by the quality compliance and audit manager (QCAM) and involve the relevant business and care manager (BCM) who may appoint a team of investigators, depending on the severity of the complaint. Awatere's BCM explained the process which would be used in the event of a complaint being received from a resident or whānau member who identified as Māori. This meets the requirements of the Code and this standard. Residents and whānau understood their right to make a complaint and knew how to do so. Interviews with the BCM and regional quality manager, review of the complaints register and documentation sighted, showed that there had been no complaints received from any parties, including the funder, or the office of the Health And Disability Commissioner since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Oceania Group and its executive management team are responsible for the services provided at Awatere.</p> <p>Their governing body assumes accountability for delivering a high-quality service through identifying the purpose, values, direction, scope and goals for the organisation. The strategic and business plans are monitored for achievement and performance and reviewed at planned intervals. There is a defined governance and leadership structure, including for clinical governance that is appropriate to the size and complexity of the organisation. Reports to the board demonstrated leadership and commitment to quality and risk management. Oceania is focused on improving outcomes for Māori and people with disabilities. There are time framed actions and success measures documented which include meaningful engagement with Māori and methods for honouring Te Tiriti o Waitangi. The board and senior leadership team are working closely with a consultancy group to implement the Māori and Pasifika Health Plans and action areas for improvement that lead to improved outcomes for Māori and Pasifika residents.</p> <p>A sample of reports to the board of directors showed adequate</p>

	<p>information to monitor performance is reported. Health equity is included on the board agenda. Each board member is a 'professional director' having completed the New Zealand Institute of Directors training that includes modules on Te Tiriti o Waitangi, understanding cultural bias, equity issues and other aspects of cultural safety.</p> <p>There is frequent communication between facility managers and members of the executive management team, via monthly reports and as needed site visits and telephone calls. The regional clinical manager was on site providing support during this audit.</p> <p>The business and care manager (BCM) who has been long term employed by Oceania and in the role for Awatere since it was opened, confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. This person has an extensive work history as a clinician and manager in the aged care sector. The Awatere BCM is supported by the clinical manager (CM) who holds a current annual practising certificate. Both the BCM and CM are supported by regional clinical and operational managers.</p> <p>Awatere holds contracts with Health New Zealand – Te Whatu Ora, Accident Compensation Corporation (ACC) and Whaikaha – Ministry of Disabled People, for the provision of age-related residential care at rest home and hospital level of care, long term support-chronic health conditions, respite and non-aged residential care. Awatere is also in the process of establishing a day care service on site. Seventy-five residents were receiving services. This included 44 residents assessed at rest home level of care which includes three residents receiving respite services, and 31 residents at hospital level of care. There were no people under the age of 65 years.</p> <p>Clinical governance occurs at a national level with regular clinical governance meetings that comprise regional clinical managers, the national quality manager and members of the executive management team. Locally, Awatere ensures best clinical practice by following Oceania clinical policies and procedures that align with the quality and risk systems, ensuring professional development of clinicians and working collaboratively with the nurse practitioner and</p>
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		other registered medical professionals.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Awatere follows the Oceania documented quality and risk management system, which is well embedded in practice and reflects the principles of continuous quality improvement. The Oceania management group reviews all its policies regularly, with input from relevant personnel. Policies cover all necessary aspects of the service and contractual requirements and are based on currently known best practice. Policies are ratified by the clinical governance committee and the board. The policies reviewed covered all necessary aspects of the service and of contractual requirements. Documentation is the responsibility of the relevant department at the corporate office.</p> <p>Quality improvement data is collected, collated and analysed to identify trends. Where audits or quality data indicate the need for improvement, corrective action plans are documented, actions implemented, and then evaluated before being closed out. A comprehensive internal audit programme is in place, with audits showing a high level of compliance with organisation requirements. This audit confirmed there was excellent communication across staff about any subsequent changes to procedures and practice. This was evidenced by staff interviews, observation of handovers, meeting minutes and staff notices. A range of meeting minutes (quality/staff meetings, health and safety meetings) demonstrated how this information is shared with all levels of staff. Residents and families are notified and updated about changes that impact them via one-to-one meetings, resident meetings and/or newsletters, and clinical indicator monitoring. The most recent resident and family satisfaction surveys revealed a high level of satisfaction. Regular resident meetings occur and feedback from these leads to changes in service delivery where possible. Staff reported their involvement in quality and risk management activities through their participation on committees and with internal audits.</p> <p>Awatere has implemented a number of quality improvement projects to good effect. The 2022-2023 'a reduction of staff back injury' project minimised and early eliminated laundry staff back strain, and</p>

	<p>the falls prevention and management programme is ongoing. Analysis of falls data and trends in preventable falls shows encouraging results and there have been no resident fractures occur in the past 18 months. An organisation-wide sustainability project that aims to eliminate single-use products and plastic is ongoing. It is too early on in the process to evaluate for effectiveness.</p> <p>The organisation has a risk management programme implemented which documents how risks are managed in clinical services, the environment, with human resources and other areas at this facility. Health and safety policies and procedures are documented, along with a hazard management programme. The BCM and the health and safety officer described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. The hazard and risk register was current and reviewed in 2024.</p> <p>The registered nurses are designated as champions for a specific service delivery area, for example, health and safety, restraint, falls, wound/pressure injuries, continence, infection control and nutrition loss. These RNs report progress with their projects and activities on the electronic database and discuss these at the monthly RN meetings, and with the nurse practitioner. Reports are presented to the HOD/quality improvement team.</p> <p>Staff document adverse and near miss events in line with the National Adverse Events Reporting Policy. A sample of incidents forms reviewed showed that next of kin/families had been notified, the cause investigated, and where remedial action is required to prevent recurrence, a plan is developed and actions followed up in a timely manner. The BCM and CM understood and have complied with essential notification reporting requirements. There have been no notifications since the previous audit.</p> <p>The approach to providing culturally safe and high-quality health care for Māori meets this standard, as confirmed by review of residents' health records and interviews. The organisation is focused on achieving Māori health equity through regular analysis of resident data and organisational monitoring systems. Critical analysis of organisational practices to improve health equity is occurring at a</p>
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		national level.
<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>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The BCM and clinical manager (CM) work weekday mornings. Both are registered nurses. The CM and 8 of the 13 RNs employed are maintaining interRAI competencies.</p> <p>The allocation of staff is adjusted by the CM to meet the changing needs of residents. The RNs and care staff interviewed confirmed there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. There is always at least one RN on site 24/7, and most shifts have two to three RNs and at least one other staff member with a current first aid certificate on site. A sample of rosters sighted showed that staff work a four-day-on and two-day-off roster, and work on designated floors. Casual staff are used to cover leave or unplanned absences, or staff work additional or extended shifts. No agency or bureau staff are used.</p> <p>A Reg Diversional Therapist has been recruited full-time, which ensures there is at least one activities person on site seven days a week.</p> <p>The management team try to have a minimum of two RNs on each shift. Infrequently (afterhours and weekends) HCA staff may attend resident callouts at the co-located village, although village residents' emergency activations are responded to by an external service.</p> <p>Continuing education supports equitable service delivery. This is planned on an annual basis, and all care and non-clinical staff are expected to attend a 'GEM' study day once a year. These mandatory days include education on medico-legal issues such as consumer rights, informed consent, privacy, advance directives, advocacy and Enduring Power of Attorney, cultural safety and learning about Te Tiriti o Waitangi, infection control, restraint, health and safety including manual handling, plus a range of essential resident care topics. The RNs attend an eight-hour RN professional development</p>

		<p>day (RNPD) each year. Individual staff competencies are assessed annually and, depending on the role, may include medication management, hoist use, manual handling, hand hygiene, donning and doffing of personal protective equipment (PPE), and de-escalation/restraint. Current research informs education provided.</p> <p>In addition to the study days, the CM presents monthly toolbox talks on a variety of subjects and all staff are competency assessed in areas related to their roles.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the funder. Of the 45 part-time and full-time care givers, 23 have achieved Level 4 of the National Certificate In Health And Wellness, 21 are at Level 3, and one is completing Levels 2 and 1. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. Awatere has been focused on celebrating long-service staff and promoting staff self-care and wellbeing.</p> <p>Awatere implemented a staff body care initiative six years ago. A physiotherapist offers six therapy sessions (or more if required) to staff with early notifications of pain. Therapy may include massage, a person-specific exercise programme, or referral to external agencies for investigation or differential diagnoses. This service is highly valued by staff.</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</p>	FA	<p>Human resource management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Current annual practicing certificates were sighted for all employed and contracted registered health professionals. There was evidence of recruitment, role descriptions, validation of qualifications and a comprehensive orientation specific to the role. Recently employed staff said their orientation prepared them well for their roles. The sample of staff files reviewed contained</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>proof that staff had completed induction/orientation programmes specific to their role. These always include a health and safety induction which includes emergency preparedness and processes.</p> <p>Staff performance is reviewed and discussed at regular intervals. Each of the staff files sampled contained a documented performance appraisal that had occurred in the past 12 months. An initial 90-day review with each new staff member occurs.</p> <p>Staff commented that they feel very well supported by their managers and are always offered the opportunity to debrief after any unsettling incidents.</p> <p>Ethnicity data is collected and used in line with health information standards at a national level. Staff records are stored securely.</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 and sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. The service uses an electronic information management system. Residents' information is stored securely in electronic files, and staff have individual passwords to access the electronic systems.</p> <p>Residents' information is archived and labelled according to the instructions of the document storage company, which collects and holds the records securely off-site for the required period before being destroyed. These records were reported to be readily retrievable. No personal or private resident information was visible/on public display on the days of the audit.</p> <p>The service is not responsible for the registration of NHI numbers.</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>FA</p>	<p>The admission policy for managing inquiries and entry to Oceania Care Company Limited 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 whānau of choice, where appropriate, local communities, and</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>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.</p> <p>The records reviewed confirmed that admission requirements are conducted within the required time frames and are signed upon entry. Family/whānau were updated where there was a delay in entry to service. This was observed on the days of the audit and in the inquiry records sampled. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>The CM reported that all potential residents who are declined entry are recorded. When an entry is declined, relatives are informed of the reason for this and made aware of other options or alternative services available. The consumer or family is referred to the referral agency to ensure the person will be admitted to the appropriate service provider.</p> <p>A small number of residents had familial links to Māori but did not identify as such. The CM reported that the service collects ethnicity data on entry and decline rates for Māori as part of the admission process. It has established partnerships with local Māori organisations to benefit residents who identify as Māori when required.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>All nine residents' files sampled identified that initial assessments and care plans were resident-centred and completed on admission. The service uses assessment tools that consider residents' lived experiences, cultural needs, values, and beliefs. Residents' care is undertaken by appropriately trained and skilled staff, including registered nurses and care staff. The registered nurses and a clinical manager complete cultural assessments. A small number of residents had familial links to Māori but did not identify as such. Long-term care plans were also developed, with detailed interventions to address identified problems.</p> <p>Where progress was different from expected, the service, in</p>

	<p>collaboration with the resident or family/whānau, responded by initiating changes to the care plan. The long-term care plans sampled reflected identified residents' strengths, goals and aspirations, aligned with their values and beliefs documented. Evaluations included the residents' degree of progress towards their agreed goals and aspirations as well as whānau goals and aspirations. Documented, detailed strategies to maintain and promote the residents' independent wellbeing were sighted.</p> <p>All residents reviewed had assessments completed, including behaviour, fall risk, nutritional requirements, continence, skin, cultural, and pressure injury assessments. The NPs visited the service weekly and are available on call when required. Medical input was sought within an appropriate timeframe, medical orders were followed, and care was person-centred. This was confirmed in the files reviewed and interview conducted with the NP. Residents' medical admissions and reviews were completed. Residents' files sampled identified service integration with other members of the health team. Multidisciplinary team (MDT) meetings were completed six-monthly. Progress notes were completed on every shift, and more often if there were any changes in a resident's condition.</p> <p>The CM reported that sufficient and appropriate information is shared between the staff at each handover. Interviewed staff stated that they are updated daily regarding each resident's condition. A multidisciplinary approach is adopted to promote continuity in service delivery, and this includes the NPs, clinical manager, registered nurses, care staff, physiotherapist (PT) when required, podiatrist, and other members of the allied health team, residents, and family/whānau.</p> <p>Short-term care plans were developed for short-term problems or in the event of any significant change, with appropriate interventions to guide staff. The plans were reviewed weekly or earlier if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks. Any change in condition was reported to the nursing team, as evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes. A range of equipment and resources were available, suited</p>
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		<p>to the levels of care provided and the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services were identified, and strategies to manage these were documented. This includes residents with a disability. The staff confirmed they understood the process to support residents and whānau.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Residents' birthdays are celebrated. In consultation with the family and resident, a social life history assessment detailing each resident's life history is completed within two weeks of admission.</p> <p>The activity programme is formulated by the activities team in consultation with the nursing team, EPOAs, residents, and activities care staff. The activities are varied and appropriate for people assessed as requiring rest-home or hospital-level care.</p> <p>Leisure care plans reflected residents' preferred activities of choice and are evaluated every six months or as necessary. Activity progress notes and activity attendance checklists were completed daily. On the audit days, the residents were observed participating in a variety of activities appropriate to their group settings. The planned activities and community connections were suitable for the residents. The service promotes access to EPOA/whānau/family and friends. Regular outings were undertaken as required.</p> <p>A small number of residents had familial links to Māori but did not identify as such. Opportunities for Māori and whānau to participate in te ao Māori would be facilitated through community engagements with traditional leaders and by celebrating religious and cultural festivals.</p> <p>EPOA/whānau/family and residents reported overall satisfaction with the level and variety of activities provided.</p>

		<p>Increased positive feedback regarding activities in the resident satisfaction survey in 2024 resulted in a continuous improvement rating being awarded.</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>On the days of the audit, a safe electronic medicine management system was observed. The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. Prescribing practices were in line with legislation, protocols, and guidelines. The required three-monthly reviews by the NPs were recorded. There is space for documenting resident allergies and sensitivities on the medication chart and in the resident's record.</p> <p>A system is in place to return expired or unwanted medication to the contracted pharmacy. The refrigerator and medication room temperatures were checked daily and monitored weekly. Medications were stored securely in accordance with requirements. 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. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely. Residents and their family/whānau were supported to understand their medicine when required. The NP stated that when requested by Māori, appropriate support and advice would be provided.</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 clinical manager and registered nurses oversee the use of all pro re nata (PRN) medicines, and documentation regarding effectiveness was noted on the electronic medication management system. Medications are supplied to the facility in a pre-packaged format from a contracted</p>

		<p>pharmacy.</p> <p>Residents interviewed stated that medication reviews and changes are discussed with them. Eighteen medication charts were reviewed. The medication policy describes the use of over-the-counter medications and traditional Māori medications. Interviews with registered nurses confirmed that where over-the-counter or alternative medications were being used, the NPs added them to the medication chart following a discussion with the resident and/or their whānau.</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. A qualified dietitian reviewed the menu within the last two years (April 2024), and recommendations made at that time have been implemented. 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 will expire on 28 March 2025.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed every three months. Records of temperature monitoring of food, fridges, and freezers were maintained. All decanted food had ‘use by’ dates recorded on the containers, and no expired items were sighted.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All alternatives were catered for as required. The residents’ weights were monitored regularly, and supplements were provided to residents with identified weight loss issues. Snacks and drinks were available on a 24-hour basis. Māori and their whānau would have menu options that are culturally specific to te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their</p>

		meals in an unhurried fashion, and those requiring assistance had this provided with dignity.
<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>There is a documented process for managing the early discharge/unexpected exit plan and transfer from services. The CM reported that discharges are normally into similar facilities. The CM oversees discharges and manages the process until exit. All this is managed/completed in consultation with the resident, their whānau, and other external agencies. Risks were identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and whānau (where appropriate) and documented on the residents' files. Referrals to other allied health providers were completed, with the safety of the resident identified. Residents and family/whānau are advised of their options to access other health and disability services and social support or kaupapa Māori agencies, where indicated or requested. Upon discharge, current and old notes are archived onsite. If a resident's information is required by a subsequent geriatrician, a written request is required for the file to be transferred.</p> <p>The files reviewed contained evidence of residents who had been referred to other specialist services, such as podiatrists, gerontology nurse specialists, and physiotherapists. Residents and EPOA/whānau are involved in all exits or discharges to and from the service, and there was sufficient evidence in the residents' records to confirm this.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There is a current building warrant of fitness with an expiry date of 3 December 2024. The maintenance officer follows a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, wheelchairs and hoists, hot</p>

<p>maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>water temperature testing, egress, emergency systems and inspection of internal and external areas was confirmed by interview and completed record keeping. Reactive maintenance is attended to in a timely manner. The testing and tagging of electrical equipment is occurring regularly and as required when residents bring in their own electrical devices. Servicing of medical and biomedical equipment occurs regularly by external contractors.</p> <p>The building is modern, with 90 care suites that are dual purpose and can be used for the care of rest home or hospital level residents. All care suites have an ensuite, kitchenette, balcony and ceiling hoist. The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces are culturally inclusive and suited the needs of the resident groups. All the residents interviewed said they felt very comfortable in the home. The Code is on display in English and te reo Māori. Cultural art works and bilingual signs are in place.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. Residents and whānau are consulted and involved in the design of any new buildings. There are no plans for new construction of buildings. The organisation and the BCM are aware of the need to consult and invite participation in co-designing environments that reflect the aspirations of Māori.</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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan was approved by the New Zealand Fire Service on 28 May 2019 and has not required a review. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region. This includes sufficient water (20,000 litres) for all residents and staff for at least three days, battery and friction operated radios and torches, food supplies and blankets and other items that may be needed. There is an</p>

		<p>emergency lighting system installed and the kitchen and hot water systems are powered by gas. Interview with the regional operations manager, regional clinical manager and BCM confirmed how care and support services would continue in the event of a power outage or civil defence event.</p> <p>Fire suppression systems are in place and are tested regularly. A trained fire warden is allocated for each shift and trial fire evacuations occur at least every six months. The most recent fire drill occurred on 4 April 2024. The building is designed and separated into fireproof cells, so evacuations for fire can be staged.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place. External doors are locked automatically each evening and a security patrol service checks the grounds a number of times each night.</p> <p>Residents were familiar with emergency and security arrangements. All RNs are expected to maintain a current first aid certificate, as do senior care staff, the activities team members and other specific staff. There is always at least one RN on site 24/7 (most shifts have two to three RNs) and at least one other staff member with a current first aid certificate on site.</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 appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, reporting to senior management and the governance group. The IPCC has the appropriate skills, knowledge and qualifications for the role and has confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies. Currently, there are no proposed changes.</p> <p>A pandemic and infectious disease outbreak management plan is in place and reviewed at regular intervals. There were sufficient IP resources, including personal protective equipment (PPE), and they were readily accessible to support the pandemic response plan if required. The IPCCs have input into other related clinical policies that impact on health care-associated infection (HAI) risk. The IPCC coordinates infection prevention and control education. The content of the training is documented and evaluated to ensure it is relevant, current, and understood. Education with residents was on an individual basis and as a group in residents' meetings. This included reminders about handwashing, advice about remaining in their room if they are unwell and increasing fluids during hot weather. This was confirmed in the records sampled.</p> <p>Medical reusable devices and shared equipment were appropriately decontaminated, sterilised or disinfected based on recommendations from the manufacturer and best practice guidelines. Single-use medical devices were not reused. There is a decontamination, sterilisation and disinfection policy to guide staff. Regular infection control audits were completed, and where required, corrective actions were implemented.</p> <p>Care delivery, cleaning, laundry, and kitchen staff were observed following appropriate infection control practices, such as the appropriate use of hand sanitisers, good handwashing techniques, and the use of disposable aprons and gloves. Handwashing and sanitiser dispensers were readily available around the facility.</p> <p>The IPCC stated that educational resources in te reo Māori are provided when required. Samples of educational resources in te reo</p>
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<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. The organisation is currently initiating a project titled “Improving the use of antibiotics in the management of urinary tract infection in aged residential care.” This is completed through a monthly staff knowledge and confidence survey.</p> <p>The governance body has approved the AMS programme. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise the 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 included antibiotic usage and identified areas for improvement.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and</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. Infection prevention audits were completed, and they included cleaning, laundry, PPE donning and doffing, and hand hygiene. Relevant corrective actions were implemented where required.</p> <p>Monthly surveillance data is collated and analysed to identify any trends and possible causative factors, and action plans are</p>

<p>methods specified in the infection prevention programme, and with an equity focus.</p>		<p>implemented. The HAIs being monitored include, for example, infections of the urinary tract, respiratory tract, skin, eye, and multi-resistant organisms. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Results of the surveillance programme are shared with staff at staff meetings and handovers on an ad hoc basis. All infection data is reported to the governing body. Benchmarking was completed by comparing previous monthly results with those of other sister facilities.</p> <p>Residents and family/whānau (where required) were advised of any infections identified, in a culturally safe manner. This was confirmed in progress notes sampled and verified in interviews with residents and whānau.</p> <p>Since the previous audit, infection outbreaks have been reported, and these were managed according to policies, procedures, and guidelines.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are documented processes for the management of waste and hazardous substances. Domestic waste is removed as per local authority requirements. All chemicals were observed to be stored securely and safely. Material data safety sheets were displayed in the laundry. Cleaning products were in labelled bottles. Cleaners ensure that trolleys are safely stored when not in use. Sufficient amounts of PPE were available, including masks, gloves, goggles, and aprons. Staff demonstrated knowledge on donning and doffing of PPE.</p> <p>The service employs a housekeeping supervisor who oversees a team of seven permanent and two casual staff members. There is a designated cleaning staff. Cleaning guidelines were provided. Cleaning equipment and supplies were stored safely in locked storerooms. Daily and periodic cleaning schedules were maintained. The facility was observed to be clean throughout. The cleaners have attended training appropriate to their roles. The management team has oversight of the facility testing and monitoring programme for the built environment. There were regular internal environmental cleanliness audits.</p>

		<p>Laundry staff are responsible for laundry at the service. Hip protectors and sling hoists are washed onsite, while personal clothing, bed linen and towels are washed offsite. The laundry was clearly separated into clean and dirty areas. Clean laundry is delivered back to the residents in named baskets. Washing temperatures were monitored and maintained to meet safe hygiene requirements. The laundry staff have received training, and documented guidelines are available. The effectiveness of laundry processes was monitored by the internal audit programme. The staff demonstrated awareness of the infection prevention and control protocols. Residents and family members in interviews confirmed satisfaction with the cleaning and laundry processes.</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>At the time of this audit, there was no restraint being used and this has been the case since 2021. Maintaining a restraint-free environment is an ongoing goal of the service. The governance group demonstrated commitment to this. An analysis of organisation-wide restraint is reported to them at every board meeting, although most Oceania facilities have eliminated restraint use. Alternatives to restraint are in place at Awatere. These include use of low-low beds, landing mats and sensor mats to avoid use of bed rails, hourly rounding of all residents, use of therapeutic conversations and/or, where appropriate, therapeutic touch, music therapy, one-to-one supervision or whatever distraction the resident may respond to.</p> <p>The organisation's restraint policies and procedures were reviewed in 2022 and meet the requirements of this standard. A long-term employed RN is appointed as the restraint coordinator. The role is described as providing support and oversight for maintaining a restraint-free environment and implementing processes for management of catastrophic events which may require emergency restraint interventions. Staff regularly attend training about the least restrictive and alternative practices, safe restraint practice, cultural-specific interventions and de-escalation techniques.</p> <p>If restraint should ever be required, a restraint approval group would be assembled. This would include the restraint coordinator, the CM, the nurse practitioner and the BCM to consider the assessment,</p>

		<p>approve and then monitor the restraint processes. Whānau/EPOA must be involved in the decision-making. There is also a national restraint committee which holds six-monthly meetings with the restraint coordinators across all other Oceania facilities. The restraint coordinators must undertake annual training. The Awatere restraint coordinator completed this on 5 April 2024.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>Planned activities are appropriate to the residents' needs and abilities. The activities team provide activities, which include four activities coordinators, a diversional therapist, and three volunteers. The programme runs from Monday to Sunday on all three respective floors. The activities are based on assessments and reflect the residents' social, cultural, spiritual, physical, and cognitive needs/abilities, past hobbies, interests, and enjoyment.</p> <p>The satisfaction survey results in 2023 and 2024 showed a significant increase in residents' satisfaction with the service's activities programme. In the 2023 resident/family satisfaction survey, about 20% of residents answered that they “strongly agreed” with the activities in place that met their needs, and 45% responded they “agreed”. This low percentage prompted the service provider to relook at the whole activities programme. The whole programme was</p>	<p>The 2024 survey results revealed a marked improvement in resident satisfaction with the activities programme. This positive trend reflects the effectiveness of recent initiatives to enhance the activities programme. Interviews conducted with the staff, residents, NP, and family/whānau confirmed this.</p>

		<p>reviewed in consultation with staff, residents and family/whānau, who played an active role in suggesting and implementing changes. A registered diversional therapist with extensive experience in the field was employed to lead a team of activities coordinators. A resident advocate stepped forward to advocate for other fellow residents. A varied range of activities were added and implemented, with the residents' preferences and abilities at the forefront of the planning process.</p> <p>In 2024, resident and family/whānau satisfaction surveys showed that residents who “strongly agree” increased from 20.93% to 55.73% and those who “agree” increased from 45.71% to 72.97%. The continuous improvement rating was calculated by comparing the positive feedback from the current survey to the previous survey. This showed a significant increase in residents’ satisfaction with activities.</p>	
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End of the report.