

# The O'Conor Institute Trust Board - The O'Conor Memorial Home

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** The O'Conor Institute Trust Board

**Premises audited:** The O'Conor Memorial Home

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

**Dates of audit:** Start date: 20 August 2024 End date: 21 August 2024

**Proposed changes to current services (if any):** The service has plans to extend the Development West Coast secure dementia unit by a further 17 beds and build a new purpose-built dual purpose rest home/hospital wing of 24 beds in 2025.

**Total beds occupied across all premises included in the audit on the first day of the audit: 62**



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

The O’Conor Memorial Home is certified to provide rest home, hospital, and dementia level care for up to 68 residents. The facility is owned by The O’Conor Institute Trust Board. Residents and whānau interviewed were complimentary and stated that the care provided was to a high standard.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider’s agreement with Health New Zealand – Te Whatu Ora. The audit process included a review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, whānau, governance, managers, staff, and a general practitioner.

The service is managed by an experienced general manager, who is a registered nurse, supported by an experienced clinical manager; both share clinical oversight of the facility.

Improvements identified during the audit related to neurological observation checking post-fall, menu review, and aspects related to infection control.

## 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.

O'Conor Memorial Home provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific peoples, and other ethnicities.

O'Conor Memorial Home worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), and this was confirmed by Māori residents and whānau interviewed. There were no Pasifika residents or staff in the service at the time of the audit. Systems and processes were in place, however, to enable Pacific peoples to be provided with services that recognise their worldviews and are culturally safe. The service was socially inclusive and person-centred.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse. Care plans accommodated the choices of residents and/or their whānau. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Staff working in the Development West Coast secure dementia unit had completed or commenced the required education in the appropriate timeframe.

Residents and whānau receive information in an easy-to-understand format, and they reported that they felt listened to and included when making decisions about care and treatment. Open communication was practised and there was evidence that residents and their whānau were kept well informed. Interpreter services are provided as needed. Whānau and legal representatives participate in decision-making that complies with the law. Advance directives were followed wherever possible.

Complaints were 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The O'Connor Institute Trust Board trustees, with the governance management committee, assumes accountability for delivering a high-quality service in partnership with staff at The O'Connor Memorial Home. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori, Pasifika and tāngata whaikaha.

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

Well established quality and risk management systems are focused on improving service delivery and care outcomes. Residents and whānau provide regular feedback, and staff confirmed that they participated in quality activities. Actual and potential risks were identified and mitigated. Adverse events were documented, with corrective actions implemented as applicable. The National Adverse Events Reporting Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations. An integrated approach included collection and analysis of quality improvement data and the identification of trends leading to improvements. Ethnicity data was collected and analysed to support service equity.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff have been appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery. Care staff have access to New Zealand Qualifications Authority (NZQA) approved health and wellbeing courses, including dementia-specific education.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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When people enter O’Conor Memorial Home, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

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

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

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

Food was safely managed, with special cultural needs catered for.

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical and biomedical equipment has been evaluated as required. External areas meet the needs of residents and tāngata whaikaha. They are accessible and safe and provide shade and seating for leisure and recreation. External areas adjacent to the Development West Coast secure dementia unit are secure and meet the leisure and recreation needs of the residents housed in this area.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Emergency supplies were adequate for the region. Residents reported a timely staff response to call bells. Security 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.		Some subsections applicable to this service partially attained and of low risk.
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The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. They are adequately resourced. An experienced and trained infection control nurse leads the programme.


The infection control nurse participates in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

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

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were managed well. There were safe and effective cleaning and laundry services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The O’Conor Memorial Home has implemented policies and procedures that support the elimination of restraint. No planned restraint has ever been used at O’Conor Memorial Home and no restraint was in use at the time of audit. Should restraint be required, there is a comprehensive assessment, approval, consent, and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is the general manager of the service and is a registered nurse. The restraint coordinator has a defined role to provide support and oversight for restraint management should this be required. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes, including least restrictive practice, de-escalation techniques, alternative interventions, and restraint monitoring.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	24	0	2	1	0	0
Criteria	0	165	0	3	1	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>The O’Conor Memorial Home (O’Connor) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan and model of care (Te Whare Tapa Whā) has been developed with input from cultural advisers, and this is used for residents who identify as Māori.</p> <p>Residents participate in providing input into their care planning, activities, and dietary needs. Care plans included the physical, spiritual, whānau, and psychological health of the residents. There were Māori residents present in the facility during the audit. Māori residents and their whānau interviewed reported that they were comfortable at the facility and expressed feelings and experiences that are consistent with cultural safety, confirming that mana motuhake (self-determination) is respected.</p> <p>The service supports increasing capacity for Māori within the service by employing more Māori staff members across differing levels of the organisation as vacancies and applications for employment permit. Recruitment of Māori into the service is outlined in the Māori Health Plan. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were staff who identified as Māori employed by the service at the</p>

		<p>time of audit.</p> <p>Partnerships have been established with iwi and Māori organisations to support service integration, planning, equity approaches, and support for Māori. The service has links for Māori health support through a member of the governance management committee who identifies as Māori, Poutini Waiora (a local health and support provider), Te Ha Kawatiri, Kawatiri branch of the Māori Women's Welfare League, Te Whatu Ora, the mental health unit at Buller hospital and an independent Māori advocate associated with the 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> <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>FA</p>	<p>The service provider has a Pacific Health Plan in place which describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs; it is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020 and outlines the Fonofale model of care to guide care for Pacific peoples. Representatives from the governance management committee interviewed were knowledgeable about their responsibilities to equity for Pasifika. There were no residents who identified as Pasifika in the facility on the days of audit.</p> <p>The service has a policy in place to support increasing Pasifika service capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Recruitment of Pasifika is outlined in the organisation's Pacific Health Plan. Ethnicity data is gathered when staff are employed, and this data is analysed at a management level. There were no staff who identified as Pasifika in the service at the time of audit.</p> <p>Partnerships have been established to support any Pasifika entering into the service through the Tāngata Atumotu Trust (a Pacific health provider), Pacific Aotearoa Community Outreach, Te He o Kawatiri, Poutini Waiora (a local health and support provider), Te Whatu Ora, and the Ministry for Pacific Peoples.</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>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters and brochures on the Code were on display around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights. Posters informing residents and their whānau of the advocacy service were on display at the front entrance.</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>O'Connor supported residents in a way that was inclusive and respected their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, and choices. Signage on resident's doors is used when cares are being provided, to advise anyone wishing to enter not to do so at this time.</p> <p>Staff were observed to maintain privacy throughout the audit. All but four residents had a private room. Two rooms were double and the residents in these rooms share with another person. Whānau of residents sharing rooms have provided consent for this. Dividers in the room provide privacy during times when cares are provided. Small private lounges are available to enable conversations in private.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through signage and the use of te reo Māori. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori.</p>

		Closed-circuit television (CCTV) surveillance operates in communal areas and outside of the facility. Signage notifies anyone entering the site of its operation.
<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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff, residents and/or whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and they reported that their property, including finances, are protected and respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <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>	FA	<p>Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies participated in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>Nursing and care staff interviewed understood the principles and</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>practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's/patient's record.</p> <p>All residents' files reviewed in the Developmental West Coast secure unit (DWC) had an activated EPOA in place.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Information on complaints and the complaints process was available in the facility, along with advocacy information. Residents and whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been seven complaints in the last 12 months. All complaints, formal and informal, were managed as per the organisation's complaints process. Documentation sighted in respect of the complaints showed that all complaints had been responded to within appropriate timeframes and that the complainants had been informed of findings and any corrective action arising from the complaint following investigation. There have been no complaints from Māori in the service, but there are processes in place to ensure complaints from Māori are managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant).</p> <p>There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they</p>	<p>FA</p>	<p>O'Connor is governed by the trustees of The O'Connor Institute Trust Board. The trustees are appointed based on their roles in the wider community and not all live locally. They have appointed a local</p>

<p>serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>governance management committee to assist them in the governance role. The trustees, with the governance management committee, assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. The experienced GM and CM confirmed knowledge of the sector, including regulatory and reporting requirements, and both maintain currency within the field.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pasifika and tāngata whaikaha was evident in plans and monitoring documentation reviewed. Ethnicity data is being collected to support equity. Equity is also supported through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code and infection prevention and control, and bilingual signage).</p> <p>O’Conor promotes appropriate models of care specific to residents’ cultural needs, including for Māori and Pasifika. There is a Māori health plan in place that guides care for Māori, and a Pasifika plan which would guide care for Pasifika if they were to be admitted into the service. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported by interviews with residents and their whānau, two members of the governance management committee, managers, and with staff.</p> <p>A commitment to the quality and risk management system was evident. Governance and the senior leadership team are committed to quality and risk via policy, processes, and through feedback mechanisms. Internal quality data collection (e.g., adverse events, complaints, infections, antimicrobial use, internal audits, and restraint use) is aggregated, and corrective actions completed where deficits are identified. A sample of facility reports and graphs showed adequate information to monitor performance is reported. Members of the governance management committee interviewed felt well informed on progress and risks. This was confirmed in a</p>
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		<p>sample of reports to the governance management committee and the board of trustees. Compliance with legislative, contractual and regulatory requirements is overseen by the governance management committee and senior management team, with external advice sought as required.</p> <p>Residents and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings, and there was evidence of discussion and documented response to matters raised from residents in meeting minutes sighted. Residents' satisfaction surveys and general resident meetings showed an elevated level of satisfaction with the services provided. Residents and whānau interviewed also reported an extremely elevated level of satisfaction when interviewed.</p> <p>O'Connor is certified to accommodate 68 residents. The service holds contracts with Te Whatu Ora – Health New Zealand (Te Whatu Ora) for the provision of age-related residential care (ARRC), rest home and hospital care and secure dementia care. Contracts are also held for palliative care, care for younger disabled people through Whaikaha, respite care, and day care. On the day of audit, 62 residents were receiving services: 15 at rest home level, 32 at hospital level, 14 under the secure dementia care contract, one on a Whaikaha contract (receiving hospital level care), and one receiving day care. The service previously held a contract for mental health respite services but advises that it is not intending to renew that 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</p>	<p>PA Moderate</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of adverse events (including the monitoring of hazards and clinical incidents, for example, falls, pressure injuries, infections, wounds, and medication errors), audit activities, compliments and complaints, resident and whānau feedback from meetings and the satisfaction survey, and policies and procedures. Internal audits are completed, with corrective actions identified and addressed.</p>

<p>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>Critical analysis of practices and systems, using ethnicity data, identifies inequities, and the service works to address these. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p> <p>The GM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies.</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 these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The GM and CM understood and have complied with essential notification reporting requirements. They were aware of new reporting requirements to the Health Quality and Safety Commission (HQSC) for all severity assessment code (SAC) reporting at SAC1 and SAC2, as well as pressure injury at stage 3 and above. There has been one Section 31 notification made to Manatū Hauora since the last audit (refer subsection 6.1). There have been no notifications made to HQSC or any other external organisations.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate, and there is 24/7 RN</p>

		<p>coverage in the facility.</p> <p>Position descriptions reflected the role of the position and expected behaviours and values. Descriptions of roles cover responsibilities and additional functions, such as holding an infection prevention and control (IPC) or restraint portfolio.</p> <p>With the exception of education related to IPC (refer criterion 5.2.6), continuing education is planned on an annual basis and includes mandatory training requirements. Related competencies (again with the exception of IPC competency) are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Care staff working in the DWC secure dementia unit have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora. Twenty-six (26) staff have completed the required qualification and two have been enrolled within the appropriate timeframe.</p> <p>Staff reported feeling well supported and safe in the workplace. There are policies and procedures in place around wellness, bullying and harassment. An employee assistance programme (EAP) is available to staff who may require extra support.</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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of nine staff records reviewed confirmed the organisation's policies are being consistently implemented. Professional qualifications for health care professionals had been validated during recruitment and then checked and documented annually. Police vetting and reference checking was in place. Job descriptions were documented for each role, including for the infection control coordinator (ICC) and the restraint coordinator (RC). The job</p>

<p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>descriptions described the skills and knowledge required of each position, and identified the outcomes, accountability, responsibilities, authority, and functions to be achieved.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurs during the orientation process and this was confirmed by staff interviewed.</p> <p>Files sampled evidenced that performance appraisals were being undertaken as required. Staff described the process as useful for them, allowing them to set their own career and education goals.</p> <p>There are staff wellbeing policies and staff were aware of these. Staff confirmed that debrief and support was available to them following any incidents.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>O’Conor maintained quality records that complied with relevant legislation, health information standards and professional guidelines. Some resident and staff information were held electronically and was username and password protected, but most information was recorded on a paper-based system. Records were held securely and only available to authorised users, and access to residents and staff was limited dependent on the role of the person in the service. Data collected included ethnicity data for residents and staff.</p> <p>Residents’ files reviewed were integrated. All the necessary demographic, personal, clinical and health information required was fully completed in the residents’ files sampled for review. Clinical notes were current, integrated and legible and met current documentation standards. Consent was sighted for data collection.</p> <p>Files for residents and staff were being held safely and securely for the required period before being destroyed. No personal or private</p>

		<p>resident information was on public display during the audit.</p> <p>O’Conor is not responsible for the National Health Index registration of people receiving services.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Residents are admitted to O’Conor when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency, as being able to be provided by O’Conor. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission.</p> <p>Residents entering the DWC unit have an activated EPOA and a specialists’ authorisation for placement in their file.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>The service has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></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 multidisciplinary teamwork in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider’s model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values, and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Nine resident files were reviewed and included residents with challenging behaviour, residents who identify as Māori, residents receiving care under a Whaikaha – physical disability contract,</p>

		<p>residents with a wound, residents who self-administer medication, residents at risk of pressure injury, residents who have had a recent unwitnessed fall, residents with insulin-dependent diabetes and residents with several co-morbidities. There were no residents at O’Conor with pressure injuries. Evidence verified an initiative to minimise the risk of pressure areas implemented in 2021 had resulted in there being no facility-acquired pressure injuries at O’Conor since 2022.</p> <p>Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes meet contractual/policy requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents’ records, from interviews of clinical staff, people receiving services and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. O’Conor is well supported by the visiting GP, who supports O’Connor to manage the limited emergency facilities available at the local Te Whatu Ora (Buller) facility.</p> <p>Tāngata whaikaha participate in service development through ongoing discussion, surveys and resident meetings. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha/whānau. Tāngata whaikaha and their whānau can independently access information.</p> <p>An interview with the GP, who visits twice a week and is always accessible by O’Conor, was complimentary of the care being provided. The GP stated things had improved immensely with the increased number of RNs now employed.</p>
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<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>The activities programme at O’Conor was provided by three diversional therapists (DT), six days a week. The programme supported residents to maintain and develop their interests and support resident’s preferred lifestyles. The programme was suitable for each resident’s age and stage of life.</p> <p>Activity assessments and plans identify individual interests and consider the person’s identity. Individual and group activities reflect residents’ goals and interests, ordinary patterns of life, and include normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. Matariki, Waitangi Day and Māori Language Week are celebrated.</p> <p>The DT in the DWC secure dementia unit provides a programme that meets the present residents needs and ensured the residents have a purpose. Many of the activities are one-on-one and involve ‘doing’. Residents address chores that were part of their previous lifestyle pattern. Chores include the men polishing their shoes, mowing the lawn with a hand mower, and women matching up the spare socks, buttering the bread and making their own sandwiches and drinks. The local community supports the DWC secure dementia unit and O’Connor. Residents from the unit go to the local shoe shop and try on an enormous range of shoes. After some time, accompanying staff suggest residents leave to get coffee. The shop then replaces the shoes in the boxes and puts them away till the next visit. A local resident in the community has provided a coffee card pre-loaded with funds, so that residents from the unit can go out and have coffee. The local hardware store provides craft materials.</p> <p>The programme in the hospital and rest home is diverse and includes a range of activities. Community groups visit and residents attend community events.</p> <p>Feedback on the programme is provided through one-on-one input during and after events and resident meetings. Those interviewed confirmed they find the programme meets their needs.</p>
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<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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care/current best practice. A safe system for medicine management (using an electronic system) was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used, were current, and complied with guidelines.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</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>PA Low</p>	<p>All aspects of food management at O'Conor comply with current legislation and guidelines. A verification audit of the food control plan was undertaken on 16 May 2024. Two corrective actions were identified. These were addressed and signed off on 17 June 2024. The plan was verified for 18 months; O'Conor is due for another audit in January 2026.</p> <p>The food service operating at the time of audit is not, however, in line with recognised nutritional guidelines for people using the services. This requires attention (refer criterion 3.5.4). The menu has been reviewed by a qualified dietitian within the last two years. Recommendations made at that time have been implemented.</p>

		<p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau 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. A degree of dissatisfaction had been expressed in June regarding the meals not being hot enough. A corrective action plan to address this was sighted. Interviews identified no further concerns had been mentioned by the residents. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p> <p>Residents in DWC secure dementia unit had access to food and fluids anytime night or day.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer from O'Connor rarely happens, as the GP supports residents to stay in the service. Transfer for acute care often involves 1.5 hours' drive to Greymouth if Buller Hospital is not available.</p> <p>Transfer or discharge from O'Connor is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. There are external areas within the facility for leisure</p>

<p>around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>activities with appropriate seating and shade, including in the DWC dementia care area. The garden associated with the DWC dementia care area was safe and secure for residents in the service.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs, and residents were observed to be safely using these. Spaces are culturally inclusive and suited the needs of the resident groups, including tāngata whaikaha and younger people. Lounge and dining facilities meet the needs of residents, and these are also used for activities. Wi-Fi was available for residents and whānau to use, and access to equipment needed by tāngata whaikaha enabled.</p> <p>Rooms for residents requiring hospital level care allowed space for the use of moving and handling equipment. Two rooms which were double occupied (with consent) had ceiling hoists in place. Rooms were personalised according to the residents' preferences. All rooms have a window allowing for natural light, with safety catches for security. The facility is heated from a coal-fired boiler, and this can be adjusted depending on seasonality and outside temperature. Space is available for the storage and charging of electronic mobility aids.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility, including for staff and visitors. All rooms, bathrooms and communal areas have appropriately situated call bells, and these were noted to be near to residents when they were in their rooms. Call bell monitoring is part of the internal audit schedule.</p> <p>A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of clinical equipment. Monthly hot water tests are completed for resident areas; these were sighted and adjusted using tempering valves as required.</p> <p>The building has a building warrant of fitness which expires on 1 June 2025. Plans for further building projects were in process. The service is planning to build a further 17 secure dementia care beds</p>
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		<p>and 24 dual-purpose (rest home or hospital) beds in 2025. Consultation and co-design with Māori are already taking place.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>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 describe the procedures to be followed. Staff have been trained in fire and emergency management and knew what to do in an emergency.</p> <p>The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 24 May 2017. The requirements of the fire and emergency scheme are reflected in the facility's fire and emergency management plan. A fire evacuation drill is held six-monthly; the most recent drill was on 24 April 2024.</p> <p>Supplies for use in the event of a civil defence emergency meet the National Emergency Management Agency recommendations for the region, including water storage. The facility has a diesel generator onsite which can be used following a civil defence emergency. A coal-fired boiler provides heating and hot water to the facility. The facility also has Memorandums of Understanding (MoU) with a local generator supplier to provide a bigger generator following a civil defence emergency and with a local supplier to provide diesel fuel.</p> <p>The GM, CM, all RNs, and DTs have current first aid certification and there was a first aid certified staff member on duty 24/7 on the rosters reviewed.</p> <p>Information on emergency and security arrangements is provided to residents and their whānau on entry to the service. The facility has overnight 'lock-up' procedures which allow for emergency egress. Closed-circuit television (CCTV) cameras are in use externally to the facility, in corridors and in the medication room, with warning signs of their use in place. All staff were noted to be wearing uniforms and name badges during the audit.</p>

		Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff were responsive to call bells, and this was observed during the audit.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>O’Conor has a suite of infection prevention (IP) and antimicrobial stewardship (AMS) policies outlined in its policy documents. The IP and AMS programmes were appropriate to the size and complexity of the service. They have been approved by the governing management committee, are linked to the quality improvement system, and are reported on monthly. Annual review of the programme is not, however, taking place (refer criterion 5.2.2). Board and governance management committee meeting minutes reflected the reporting of IPC and AMS information. They provide information on planned IPC and AMS programmes and any corrective actions arising from deficits identified.</p> <p>Infection prevention (IP) and AMS are being supported at governance level through the infection prevention and control nurse (IPCN), who is a RN and makes sure that IP and AMS are being appropriately managed. Expertise and advice are available as required following a defined process, and this also includes escalation of significant events. Data on infections and antimicrobial use includes ethnicity data to support equity in IP and AMS programmes, and this is reported at governance level.</p> <p>When clinically indicated, clinical staff at O’Conor can access IP and AMS expertise through the GP, the Te Whatu Ora infection prevention and control (IPC) nurse specialists, and Regional Public Health.</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</p>	PA Low	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme at O’Connor, has not been reviewed yearly, and this is to be addressed (refer criterion 5.2.2).</p> <p>The infection prevention and control nurse (IPCN) are responsible for overseeing and implementing the IP programme, with reporting lines to the GM. The IPCN has appropriate skills, knowledge and</p>

<p>navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, design of any new building or facility changes, and policies.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation; however, there was no evidence of recent ongoing education having been provided (refer criterion 5.2.6). Staff were observed to follow the policies and procedures correctly and were knowledgeable around infection prevention and control at interview. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources were available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan was documented and has been regularly evaluated. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated and reprocessed. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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>	<p>FA</p>	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement. Evidence verified a reduction in infections and antibiotic use at O'Conor.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff, the governing management committee, and the board.</p> <p>Communication between service providers, and residents that are experiencing a health care-associated infection (HAI), is culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and mitigation of transmission of antimicrobial-resistant organisms at O’Conor. Suitable personal protective equipment was provided to those managing contaminated material, waste and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>The laundering of sheets and towels at O’Conor is done off site by a commercial laundry. All other laundry is laundered onsite, including residents’ personal clothing. Policies and processes were in place that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. Clear separation of the use of clean and dirty items was observed. Designated access was provided to maintain the safe storage of cleaning chemicals and cleaning equipment. Evidence was sighted of commitment to cultural safety by the</p>

		<p>separation of items prior to their being laundered.</p> <p>The environment was observed to be clean and tidy. Safe and effective cleaning processes identified the methods, frequency and materials to be used in cleaning processes.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to perform duties safely.</p> <p>Residents and their whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving 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>The trustees and governance management committee at O’Conor are committed to a restraint-free environment and the service has always been restraint-free for planned restraint. The restraint coordinator (RC) is a defined role undertaken by the GM, who is an RN and who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Policies and procedures meet the requirements of the standard and have been approved by the governing body.</p> <p>One episode of emergency restraint was required on 12 August 2024 for resident safety. Following the event, whānau were informed and debriefed on the event, the GP was informed, an incident/accident form was completed, and the event was documented in clinical notes and on the restraint register. Currently a review of the event is being completed, in preparation for reporting to the HQSC. Te Whatu Ora was informed of the event and a Section 31 notification has been send to Manatū Hauora and Te Whatu Ora. Procedures for emergency restraint are outlined in the service’s restraint policy.</p> <p>Documentation confirmed that restraint would be reported by the GM to the trustees and governance management committee of the O’Conor board if restraint were to be used. Members of the governance management committee interviewed during the audit</p>

		<p>were aware of the emergency restraint and the processes that the GM and CM had taken in relation to it. Restraint is identified as part of the quality programme and reported at all levels of the organisation. There were no residents using restraint sighted during the audit.</p> <p>The RC, in consultation with the multidisciplinary team, would be responsible for the approval of the use of planned restraint should this be required in the future; there are clear lines of accountability. For any decision to use or not use a restraint, there is a process to involve the resident, their EPOA and/or whānau, and the resident's GP as part of the decision-making process.</p> <p>A restraint register is maintained; the criteria on the restraint register contains enough information to provide an auditable record of restraint should this be required. The restraint committee undertakes a six-monthly review of all residents who may be at risk and outlines the strategies to be used to prevent restraint being required. Any changes to policies, guidelines, education and processes are implemented if indicated.</p> <p>Information on restraint is shared with staff at staff meetings. Staff have been educated in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring as part of the orientation programme and then through ongoing education and annual competency assessments. Staff interviewed were knowledgeable about the process and confirmed debrief following the emergency restraint event.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	<p>PA</p> <p>Moderate</p>	<p>Eight files were reviewed following an unwitnessed fall incident. Of these, one resident had neurological observations fully completed (refer subsection 3.2) and three had neurological observations partially completed. The remaining four had no neurological observations following the first check at the time of the fall. There were no negative outcomes for the residents who did not have neurological observations or for those who had them partially completed.</p>	<p>Neurological observations have not been fully completed following unwitnessed falls.</p>	<p>Provide evidence that neurological observations are being completed for all residents where there is an unwitnessed fall.</p> <p>30 days</p>
<p>Criterion 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as</p>	<p>PA Low</p>	<p>The menus at O'Connor had been reviewed by a dietitian in April 2022, and the nutritional values of the menu deemed compliant. A dietitian's review of the menu in April 2024 identified an area of non-conformity in that the menu did not specify that “all food textures</p>	<p>The menu reviewed by the dietitian in April 2024 has an area of non-conformity that has not been addressed.</p>	<p>Provide evidence the nutritional value of the menu has been reviewed by qualified personnel and deemed compliant.</p>

dietitians.		were in line with the International Dysphagia Diet Standardisation Initiative (IDDSI)". The dietitian requested all meals and snacks be reviewed using the IDDSI guidelines. Bread was not permitted for people on a pureed diet. The menu was deemed non-conforming until this had been addressed. An interview with the GM and CM verified thickened foods were used and speech language therapists advised on an individual basis for each residents' dietary needs. On the day of audit, the areas of nonconformity were addressed and submitted to the dietitian; however, the menu at that time had not yet been deemed compliant.		30 days
<p>Criterion 5.2.2</p> <p>Service providers shall have a clearly defined and documented IP programme that shall be:</p> <p>(a) Developed by those with IP expertise;</p> <p>(b) Approved by the governance body;</p> <p>(c) Linked to the quality improvement programme; and</p> <p>(d) Reviewed and reported on annually.</p>	PA Low	There is a clearly defined infection control programme at O'Connor that has been developed by an external advisory company with IP expertise, for a number of facilities. This programme was reviewed in June 2024 by that company and documentation evidences that it will be reviewed again in 2026. However, whilst monthly reporting is occurring, an annual review of the effectiveness of the infection control programme was not sighted.	The components of the infection control programme that are specific to O'Connor have not been reviewed annually, to verify if the actions of O'Connor in relation to infection control have been effective.	<p>Provide evidence the infection control programme, specifically as it is occurring at O'Connor, is being reviewed annually to verify the effectiveness of the infection control programme.</p> <p>180 days</p>
<p>Criterion 5.2.6</p> <p>Infection prevention education shall be</p>	PA Low	There were a high number of new employees employed at O'Conor in the past two years, and all of these had completed an orientation programme that included IPC. However, there	No education on IPC, other than hand hygiene, had been provided to health care and support workers in the past	Provide evidence education on IPC is provided to health care and support workers

<p>provided to health care and support workers and people receiving services by a person with expertise in IP. The education shall be:</p> <p>(a) Included in health care and support worker orientation, with updates at defined intervals;</p> <p>(b) Relevant to the service being provided.</p>		<p>was no evidence of ongoing IPC education for these staff or the other long-serving staff, other than hand hygiene. Observations, documentation and interviews verified staff were familiar with policies and procedures. Infection rates were low.</p>	<p>two years.</p>	<p>every two years.</p> <p>180 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.