

Oceania Care Company Limited - Duart Rest Home

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Oceania Care Company Limited

Premises audited: Duart Rest Home

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

Dates of audit: Start date: 25 September 2024 End date: 25 September 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: 64

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
	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
	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

Duart Rest Home is part of Oceania Healthcare Limited. The facility can provide services for up to 66 residents requiring rest home or hospital levels of care. There were 64 residents in the facility on the first day of the audit. The facility is managed by a village and care manager, supported by a clinical manager who has clinical oversight of the facility. Residents, whānau and external health practitioners (general practitioner and physiotherapist) were complimentary of the care being provided by the service.

This surveillance audit process was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora. It included review of policies and procedures, review of residents' and staff files, observations, and interviews with residents and whānau, governance representatives, staff, and external health practitioners.

Improvements have been made in the delivery of the education/training programme, completion of performance appraisals for staff, care planning, and medication management, addressing those areas requiring improvement from the previous certification audit.

This is the first audit for Duart Rest Home since the end of the Ngā Paerewa Health and Disability Services Standard transition period.

As a result of this audit, an improvement is required in relation to staffing.

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.

Duart Rest 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 people, and other ethnicities. The service 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 their whānau. There were no staff who identified as Māori employed by the service.

There were no Pasifika residents or staff in the service at the time of the audit. Systems and processes were in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Information on the Code was available throughout the facility. Posters on the Code and the Nationwide Health and Disability Advocacy Service were also visible around the facility, including in the lift. Staff at Duart Rest Home maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Staff were knowledgeable about the informed consent process, including for Māori. Residents and whanau, when interviewed, all said they felt included when making decisions about care and treatment. The nursing and care staff interviewed understood the principles and practice of informed consent.

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 record.

Complaints were resolved in collaboration with all parties involved. There are processes in place to ensure that the complaints process works equitably for Māori; no complaints had been received from Māori in the service. There have been no complaints received by the service from external sources since the previous audit.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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Oceania Healthcare Limited, as the governing body, is committed to delivering high-quality services in all its facilities, including those at Duart Rest Home. Consultation with Māori is occurring at governance level, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

Well established quality and risk management systems are focused on improving service delivery and care outcomes. An integrated approach includes collection and analysis of quality improvement data, the identification of trends leading to improvements, with data benchmarked to other Oceania facilities nationwide. Actual and potential risks are identified and mitigated. Adverse events are documented, with corrective actions implemented as applicable.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staff have the skills, attitudes, qualifications and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe equitable service delivery.

Professional qualifications are validated prior to employment then checked annually. Staff felt supported through the orientation and induction programme, with regular performance reviews implemented.

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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Staff at Duart work in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whanau, and these were evaluated on a regular and timely basis.

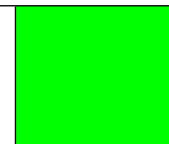
Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed and supported by an approved food control plan.

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.



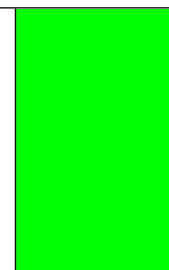
Subsections applicable to this service fully attained.

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical and biomedical equipment is tested as required.

There have been no changes to the building since the previous audit.

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.



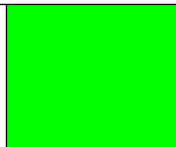
Subsections applicable to this service fully attained.

Duart ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that has been approved by Oceania and is appropriate to the size and complexity of the service.

An experienced and trained infection registered nurse leads the programme. The programme is reviewed annually and is linked into the quality programme. Staff received orientation and training at defined intervals. Staff at Duart demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan. Duart provides educational resources that are available in English and te reo Māori.

Aged care-specific infection surveillance is undertaken, with follow-up action taken as required.

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 observed to be using a restraint during the audit.

Staff have been trained in providing the 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	17	0	1	0	0	0
Criteria	0	49	0	1	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Oceania Healthcare Limited (Oceania) has a policy on Māori and Pacific people’s health and a Māori health plan 2022-2025, which describes how the organisation responds to the cultural needs of Māori residents and how it fulfils its obligations and responsibilities under Te Tiriti o Waitangi. The health plan references the Ministry of Health’s Whakamaua Māori Health Action Plan 2020-2025.</p> <p>A Māori health care plan has been developed with input from cultural advisers and this can be used at Duart Rest Home (Duart) for residents who identify as Māori. 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. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as</p>

		<p>Māori employed by the service at the time of audit and the service is geared to Māori to support equity.</p> <p>The service does have links for Māori health support through the Oceania cultural capability consultants and through the organisation's cultural advisory group.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The service provider has a policy on Māori and Pacific people's health. This describes how the organisation will respond to the cultural needs of Pasifika residents. The document notes the need to embrace cultural and spiritual beliefs; it is based on the Manatū Hauora (Ministry of Health) Ola Manuia Pacific Health and Wellbeing Action Plan 2020.</p> <p>There were no residents who identified as Pasifika in the facility on the days of audit; however, there are processes and procedures in place to ensure that services for Pasifika could be delivered in a culturally appropriate way. Duart can access support for Pasifika residents in the service through Kainga Pasifika Services (a charitable Trust which promotes health and wellbeing for Pasifika people in Hawke's Bay), or through staff and local churches in the area.</p> <p>The service has a policy in place to support increasing Pasifika service capacity by employing more Pasifika staff members across differing levels of the organisation as vacancies and applications for employment permit. Ethnicity data is gathered when staff are employed, and this data is analysed at a management and organisational level. There were staff who identified as Pasifika in the service at the time of audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were seen supporting residents of Duart in accordance with their wishes.</p> <p>Residents and their whānau, when 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. The Code was on display and accessible in English, te reo Māori and New Zealand Sign Language (NZSL). Information on the Advocacy</p>

		Service was available in English and te reo Māori. Staff knew how to access the Code in other languages should this be required.
<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>Employment practices at Duart included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse, or neglect. Workers followed a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice.</p> <p>Residents reported that their property was respected. Professional boundaries were maintained.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents at Duart and/or their enduring power of attorney (EPOA) were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent. Training on informed consent had been delivered by the service. Evidence was sighted, for Māori residents, of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>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</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This system in place meets the requirements of the Code. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Advocacy information</p>

<p>response. 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. 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>is readily available in English and te reo Māori to support the complaints process.</p> <p>Documentation sighted showed that complaints (three verbal and one by email) had been addressed in a timely manner and that complainants had been informed of findings following investigation. The complaints were closed by the facility manager meeting with the complainants in respect of their complaint, ensuring the complainants were satisfied with the outcome of their complaint. Complaints related to meals (one), disabled parking on the premises (one), and care (two).</p> <p>There are also processes in place to ensure complaints from Māori could be managed in a culturally appropriate way (e.g., using culturally appropriate support, hui, and tikanga practices specific to the resident or the complainant). There had been no complaints received from Māori residents in the service.</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 serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body of Oceania assumes accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and Pasifika in governance groups, honouring Te Tiriti and being focused on improving outcomes for Māori, Pasifika, and tāngata whaikaha. Oceania is using external and internal processes to enable the organisation to ensure there is meaningful inclusion of Māori at governance level and that Te Tiriti o Waitangi is honoured. Oceania has a legal team that monitors changes to legislative and clinical requirements and has access to domestic and international legal advice.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information, for example, trilingual signage (English, te reo Māori, and New Zealand Sign Language) and information in other languages for the Code of Rights, complaints, advocacy services, and infection prevention and control. Duart promotes appropriate models of care specific to residents' cultural needs,</p>

		<p>including for Māori and Pasifika.</p> <p>Governance commits to quality and risk via policy and processes and through feedback mechanisms. This includes receiving regular information from its care facilities, including from Duart. Oceania board minutes sighted demonstrated leadership and commitment to quality and risk management. A sample of functional reports to the board of directors showed adequate information to monitor performance is reported.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation. The business and care manager (BCM) and clinical manager (CM) are both experienced staff. The BCM has worked in other Oceania facilities over a number of years and has been at Duart for seven months. Additionally, the BCM has responsibility for a nearby facility that is also owned and operated by Oceania. The CM has been with Oceania for five years, originally working as a registered nurse (RN) until appointed to the CM role at Duart in 2022. The BCM and CM both confirmed knowledge of the sector, and regulatory and reporting requirements. The BCM and CM also have support available through the regional clinical manager (RCM) specialised staff at the Oceania support office.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand for age-related residential care (ARRC) services at rest home and hospital level, long-term support-chronic health conditions (LTS-CHC), restore in ARRC (short-term stay), ARRC respite (also short-term care) mental health in ARC, and palliative care. The service also holds contracts with Whaikaha for the residential care of younger disabled people and with the Accident Compensation Corporation (ACC).</p> <p>Sixty-four (64) residents were receiving services at the time of audit. During the audit, 33 residents were receiving ARRC rest home care, 21 ARRC hospital level care, three under the palliative care contract (at hospital level), two under the respite contract (both rest home), two under Whaikaha contracts (both rest home) and three under ACC respite contracts (two hospital and one rest home). No residents were receiving care under the restore in ARRC contract, LTS-CHC contract or mental health in ARRC contract.</p>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards, complaints, audit activities, a regular resident satisfaction survey, policies and procedures, clinical incidents including falls, pressure injuries, infections, and wounds. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. Documentation is the responsibility of the relevant department at the corporate office. Critical analysis of organisational practices to improve health equity is occurring, with appropriate follow-up and reporting. A Māori health plan guides care for Māori.</p> <p>The BCM 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 BCM understood and has complied with essential notification reporting requirements. There has been one Section 31 notification made to Manatū Hauora related to the change of facility manager since the last (certification) audit. Both the BCM and CM were aware of reporting requirements to Te Tāhū Hauora – 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. No notifications have been made to Te Tāhū Hauora.</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</p>	<p>PA Low</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). While the facility adjusts staffing levels to meet the changing needs of residents, this does not take into account the geography of the facility from the rosters reviewed (refer criterion 2.3.1). Staff</p>

<p>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>interviewed were concerned about staffing levels from time to time (but not consistently).</p> <p>A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>Position descriptions reflected the skills, qualifications and attributes for each role to ensure services are delivered to meet the needs of residents. Descriptions of roles also cover additional functions, such as holding an infection prevention and control (IPC) or restraint portfolio.</p> <p>Continuing education is planned on an annual basis and outlines mandatory requirements, including education relevant to the care of Māori, Pasifika, and tāngata whaikaha, addressing a finding from the previous (certification) audit. Related competencies are assessed and support equitable service delivery. Care staff have access to a New Zealand Qualification Authority (NZQA) education programme. Records reviewed demonstrated completion of the required training and competency assessments. Staff felt well supported with development opportunities.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<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 are validated prior to employment. Thereafter, a register of annual practising certificates (APCs) is maintained for RNs and associated health contractors (a general practitioner (GP), nurse practitioner (NP), pharmacists, physiotherapist, podiatrist, and dietitian).</p> <p>Most staff reported that the induction and orientation programme prepared them for the role. Evidence of a comprehensive completed induction and orientation was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, addressing a finding from the previous (certification) audit. This was confirmed in records reviewed.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	FA	<p>The multidisciplinary team at Duart worked in partnership with the resident</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>and their whānau to support the resident's wellbeing.</p> <p>Eight residents' files were reviewed: four hospital files and four rest home care files. The files included residents who identified as Māori, who self-administered their own medication, who had several co-morbidities, had speech impairment, swallowing difficulties, high falls risk and who had a high risk of pressure injuries.</p> <p>Files reviewed verified the RN documented a plan of care for the resident 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. Assessments were based on a range of clinical assessments and included resident and whānau input. Timeframes for the initial assessment, GP assessment, initial care plan, interRAI assessment, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. Policies and processes were in place to ensure tāngata whaikaha and their whānau participated in the service's development, delivered services that gave choice and control over care and support activities, and removed barriers that prevent access to information. This was verified by reviewing documentation, sampling residents' records, from interviews, including an interview with the GP, the physiotherapist and from observation. This addresses a recommendation from the previous (certification) audit.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, addressing a finding from the previous (certification) audit. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or their whānau. Residents and whānau confirmed active involvement in the process, including for residents with a disability.</p> <p>Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood.</p> <p>Interviews with the staff verified their familiarity with all aspects of the care both residents required, including the cultural aspects of the Māori resident's care. An interview with the GP contracted to Duart, evidenced a high degree of satisfaction with the clinical team and care that was being provided by</p>
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		<p>Duart. The GP had implemented a specific model of care, and the facility followed that model. Any residents causing concern were assessed by the RN and the results were communicated to the GP. The results then enabled the GP to implement a plan of action for the RNs to follow. The GP was complimentary of the processes being undertaken at Duart. All requests were complied with and requests for advice were appropriate. There was a commitment by the GP, Duart's contracted pharmacist, and the clinical team to reduce polypharmacy and antimicrobial use. Medication records of two recent residents admitted to Duart confirmed a reduction in medication. This was also evidenced in resident care plans.</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>The medication management policy was current and in line with the Ministry of Health Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit.</p> <p>The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines were competent to perform the function they manage; current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines and documentation regarding effectiveness was noted in progress notes and on the electronic medication system.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Controlled drugs were stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>Prescribing practices meet requirements, as confirmed in the sample of 16 resident records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately, addressing a finding from the previous (certification) audit. The required three-monthly GP review was consistently recorded on the medicine chart; this addresses a finding from the previous (certification) audit. Standing orders are not used at</p>

		<p>Duart.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</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>	FA	<p>The food service provided at Duart was in line with recognised nutritional guidelines for older people. The menu review by a qualified dietitian is organised for Duart and other Oceania facilities at corporate level. Residents at Duart have input into the four-week rotational menu, with the chef having latitude to make amendments for residents' preferences.</p> <p>All aspects of food management complied with current legislation and guidelines. The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 12 June 2024. There were three corrective actions identified during the audit in relation to the cleaning schedule and staff training. These have all been addressed, and the plan has been verified for 18 months. The plan is due for re-audit November/December 2025.</p> <p>Each resident had 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 residents had opportunities to request meals of their choice, and the kitchen would address this. During Matariki, Māori Language Week, Waitangi Day and Pasifika Day, the kitchen will accommodate culturally specific foods for those residents who request this. Residents and whānau were able to supply selected foods for residents with the kitchen willing to prepare it for them, if requested.</p> <p>The dining areas in each unit were spacious, with the layout accommodating staff assisting residents at mealtime, ensuring the residents' dignity. Residents were observed to be given sufficient time to eat their meals in an unhurried fashion.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so</p>	FA	<p>Transfer or discharge from the service was planned and managed safely to include current needs and mitigate risk. Plans are developed with</p>

<p>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>		<p>coordination between services and in collaboration with the resident and their whānau. Two residents' whānau interviewed reported being kept well informed and supported by staff during the recent transfer of their relatives from an acute facility to Duart. Whānau interviewed were advised by staff on their options to access other health and disability and social support services.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Building, plant and equipment are fit for purpose, inclusive of peoples' cultures and comply with relevant legislation. A Building Warrant of Fitness was displayed with an expiry date of 13 December 2024. A planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of biomedical equipment. Monthly hot water tests are completed for resident areas; these were sighted and were all within normal limits.</p> <p>Residents and whānau interviewed were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>There have been no changes to the building since the previous (certification) audit.</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</p>	<p>FA</p>	<p>The infection control coordinator (ICC) is the CM and a RN; they are responsible for overseeing and implementing the IP and AMS programme, which has been developed by those with IP expertise and approved by the Oceania governing body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was confirmed by the ICC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their</p>

infection prevention programme that is appropriate to the needs, size, and scope of our services.		needs.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Duart undertook surveillance of infections appropriate to that recommended for long-term care facilities and this is in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Surveillance includes ethnicity data. Specific health care-associated infections (HAIs) being monitored include infections of the urinary tract, respiratory tract, skin, scabies, fungal, eye and multi-resistant organisms. Results of the surveillance programme, including HAIs, were reported to the regional and national Oceania group via online meetings, through shared documentation on the electronic resident management system, and in formal reports to clinical governance and to the board. Regular feedback is also shared with staff, residents and whānau at meetings. Culturally clear processes are in place to communicate with residents and their whānau, and these were documented.</p> <p>A summary report for the COVID-19 outbreak in March 2024 was reviewed. Documentation reviewed, and an interview with the CM indicated, good containment of the outbreak within the unit, as well as a thorough process for investigation and follow-up. Learnings from this event have now been incorporated into practice.</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</p>	FA	<p>Duart is a restraint-free environment, and Oceania policies and procedures support restraint elimination. There were no residents observed to be using a restraint during the audit. Any use of restraint would be reported to the governing body.</p> <p>Restraint protocols are covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff have been trained in the management of behaviours that challenge, least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques and</p>

use of restraint in the context of aiming for elimination.		restraint monitoring, as part of the 2024 education programme.
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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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Four weeks of roster were reviewed (16 August 2024-22 September 2024). Rosters showed that while there were sufficient health care and support workers on duty most of the time, there were some gaps in the normal roster for the facility. The gaps are primarily related to the geography of the facility. The facility is a 'U' shape. The ground floor consists of administrative offices linked, on the other side, to the rest home area by virtue of a corridor/general use area. Above the administrative area of the facility are two floors which provide dual purpose (rest home or hospital care). The rest home can cater for 20 residents (20 residents were residing in the area during the audit). Level one can cater for 22 residents (on the day of audit there were 21 residents, 12 rest home and nine hospital), and level two also caters for 22 residents (on the day of audit, five rest home and 17</p>	<p>There are insufficient health care and support workers on duty at all times to provide culturally and clinically safe services proportionate to the needs and number of residents on site, taking into account the site's geography.</p>	<p>Ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services proportionate to the needs and number of residents on site, and the site's geography.</p> <p>90 days</p>

		<p>hospital). It was reported that there had been 95% occupancy over the roster period examined, which equates to one resident difference from the day of audit.</p> <p>From the rosters sighted there were insufficient staff on 16 occasions in the rest home, levels one/two and on night duty.</p> <p>The rest home generally has two care staff on morning and afternoon shifts; sometimes this is two caregivers (one medication competent) and others one caregiver and a RN. On the rosters sighted, only one caregiver was rostered on the morning shift (no RN) on seven occasions and in the afternoon on five occasions.</p> <p>Levels one and two are generally staffed appropriately; however, there were only four caregivers rostered across the two floors for morning shift on one occasion (with a RN on duty) and five caregivers across the two floors on two occasions (with a RN on duty).</p> <p>On night duty there were only two caregivers and one RN to cover the facility on one occasion. The RN had oversight of the whole facility, there was one caregiver on duty in the rest home and one to cover levels one and two.</p>		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.